وسأل الله تعالى أن يكون هذا العمل

خالصاً لوجهه الكريم

وسألكم أن دعاء بالخير لكل من ساهم فيه

Growth and Development

1. When a normal boy triples his birth weight he is expected to be fitting with all the following except:

(a) To be 75 cm in length
(b) To have a head circumference of 46 cm
(c) To stand without support
(d) To do a 3 word sentence

2. At birth the respiratory rate is:

(a) 20/min
(b) 40/min
(c) 60/min
(d) 16/min
(e) 18 /min

3. The pulse at 1 year is:

(a) 100-110/min
(b) 110-120/min
(c) 90-100/min
(d) 70-80/min

4. By the age of 3 years, the average weight of a child is:

(a) 10 kg
(b) 12 kg
(c) 14 kg
(d) 20 kg

5. The infant laughs at:

(a) The 1st month
(b) The 2nd month
(c) The 4th month
(d) The 9th month
(e) 1 year

6. Late infancy is:

(a) The first year of life
(b) 2nd-6th years of life
(c) 6th-12th years of life
(d) The 2nd year of life
(e) The 3rd year of life

7. Premature closure of the anterior fontanel occurs in:

(a) Rickets
(b) Cretinism
(c) Osteogenesis imperfecta
(d) All of the above
(e) Non of the above

8. Normal milestones of development include:

(a) Transfers a toy from one hand to another at 4 months
(b) Smiles in response to stimuli at 2 months
(c) Putting 2-3 words together at 12 months
(d) Bladder control at 9 months
(e) All of the above

9. An 18-month-child can do all the following except:

(a) Walk upstairs with assistance
(b) Build a tower of 3 blocks
(c) Play with others
(d) Can say 2 sentences

10. A 7-month-old boy is capable of doing all the following except:

(a) Full head control
(b) Social smile
(c) Build a tower of 2 cubes
(d) Sit without support

11. All of the following are correct about teething except:

(a) The number of milk teeth is 20
(b) The number of permanent teeth is 28
(c) Milk canines appear at 18 month of age
(d) Teething does not cause diarrhea or fever

12. Which of the following is considered an abnormal clinical finding needing interference and investigation:

(a) Head circumference measuring 45 cm in a 1 year old child
(b) Blue pigmented areas on the lower back in a newborn
(c) Enlarged breasts in a newborn boy
(d) Vaginal bleeding in a 2 days old girl
(e) Closed anterior fontanel in a 4-month old infant

13. Which is true about growth:

(a) The head circumference measures 35 cm at 4 months
(b) At 1 year the infant has normally 2 teeth
(c) The anterior fontanel is 2 fingers at 1 year
(d) An infant measures almost 75 cm at 3 years
(e) None of the above

14. Which is true about development:

(a) At 6 weeks, the infant turns head to the sound
(b) At 12 months, the infant is mainly dry by day
(c) Moro reflex is lost at 2 months
(d) Palmar grasp reflex is lost at 6 months

15. Hydrocephalus is a recognized complication of all except:

(a) Intraventricular hemorrhage
(b) Arnold-Chiari malformation
(c) Megaloencephaly
(d) Achondroplasia
(e) Meningitis

16. Which of the following skills would not be expected of an 8-month- old infant? :

(a) Crawls
(b) Smiles socially
(c) Controls his bowel
(d) Sit unsupported
(e) Raises his head while prone

17. Which of the following is true? :

(a) A 4-month-old infant is unlikely to produce vocal sounds other than crying
(b) An 8-month-old infant can not hold his head steady in the sitting
(c) A 6-month-old infant can be toilet trained
(d) 1-year old infant would be expected to give up a toy on request
(e) A 15-month-old infant can put three words together

18. A 2-year-old girl is expected to do all the following except:

(a) Clean by day
(b) Says a phrase of 2 words
(c) Ride a tricycle
(d) Walks up & down stairs
(e) Builds a tower of 6 cubes

19. An IQ of 80-89 is considered:

(a) Bright normal
(b) Dull normal
(c) Average
(d) Borderline MR
(e) Mild MR

20. A one year old infant can:

(a) Walk with support
(b) Rolls a ball on floor
(c) Say mama
(d) Wave bye-bye
(e) All

21. Delayed bone age may occur in all the following except:

(a) Hypothyroidism
(b) Familial short stature
(c) Isolated growth hormone deficiency
(d) Psychological deprivation
(e) Constitutional delay of growth and puberty

22. The first permanent teeth to erupt are:

(a) Central incisors
(b) Lateral incisors
(c) First molars
(d) 2nd molars
(e) Canines

23. Delayed closure of anterior fontanel occurs in all of the following except:

(a) Down syndrome
(b) Hydrocephalus
(c) Phenylketonuria
(d) Rickets
(e) Hypothyroidism

24. Craniotabes occurs in all of the following except:

(a) Rickets
(b) Achondroplasia
(c) Osteogenesis imperfecta
(d) Hydrocephalus
(e) Normal newborn

25. Macrocephaly occurs in all of the following except:

(a) Cretinism
(b) Osteogenesis imperfecta
(c) B-thalassemia
(d) Hydrocephalus
(e) Rickets

26. The following statements are correct except:

(a) A full term neonate weighs 3 kg and is 50 cm long
(b) At the age of one year the skull circumference is usually 45 cm
(c) The height of a four years old child is 100 cm
(d) Canines erupt at 12 months of age

27. A developmentally normal child can build up a tower of 3 cubes at:

(a) 1½ years
(b) 2 years
(c) 3 years
(d) 2½ years

28. In a normal full term baby all the following reflexes are normal except:

(a) Rooting
(b) Palmar
(c) Plantar
(d) Stepping
(e) Parachute

29. Regarding the anterior fontanel all are true except:

(a) Rarely closes before 6 months
(b) Delayed closure in rickets
(c) Normally pulsatile
(d) Delayed closure in cretinism
(e) Its size is 8 cm at birth

30. The length of a normal 1-year-old infant is:

(a) 87 cm
(b) 85 cm
(c) 67 cm
(d) 100 cm
(e) None

31. A 6-week-old infant:

(a) Will roll over
(b) Can support the head
(c) Can sit supported
(d) All of the above
(e) None of the above

32. Which of the following may be considered a developmental process:

(a) Unilateral Moro response
(b) Inability to walk at 20 months
(c) Inability to sit supported at 15 months
(d) Head lag present at 2 months of age

33. At birth the normal length of the newborn is:

(a) 30 cm
(b) 50 cm
(c) 70 cm
(d) 85 cm
(e) 95 cm

34. By the age of one year, the weight of the normal infant is about:

(a) 6 kg
(b) 13 kg
(c) 10 kg
(d) 15 kg

35. The skull circumference of a full term newborn at birth is about:

(a) 39 cm
(b) 35 cm
(c) 30 cm
(d) None of the above

36. A 10-month-old-infant differs from a 3-month-old infant in his ability to do all except one:

(a) Sit unsupported
(b) Can catch objects between thumb and forefingers
(c) Control his bowel and bladder
(d) Crawl

37. All are true about a normal one year old infant except:

(a) Length is about 75 cm
(b) Skull circumference is nearly 50 cm
(c) Walk supported
(d) Up to 6 teeth have erupted
(e) Can say mama

38. Radiographic examination to determine skeletal maturity is best evaluated by X-rays of the:

(a) Wrist
(b) Ankle
(c) Hip
(d) Elbow
(e) Skull

39. Usually infants sit unsupported by the age of:

(a) 9 months
(b) 6 months
(c) 4 months
(d) None of the above

40. A normal infant recognizes his mother:

(a) At 2 months of age
(b) Not before 6 months
(c) At 4 months of age
(d) Since birth

41. Most infants start teething at:

(a) 10 kg
(b) 12 kg
(c) 14 kg
(d) 16 kg
(e) None of the above

42. The crown heel length of a 12 months old infant is an average:

(a) 95 cm
(b) 85 cm
(c) 75 cm
(d) None of the above

43. Walking unsupported usually starts when the infant is:

(a) 6-8 months old
(b) 9-10 months
(c) 12-15 months old
(d) 18-20 months old

44. The anterior fontanel at the age of one year is:

(a) 6-8 fingers wide
(b) 1 finger wide
(c) Closed
(d) None of the above

45. An opened posterior fontanel at the age of 2 months could be due to:

(a) Congenital hypothyroidism
(b) Congenital hydrocephalus
(c) Both of them
(d) None of them

46. The infant doubles his weight at age of:

(a) 2 months
(b) 4 months
(c) 3 months
(d) 5 months

47. Organogenesis occurs during intrauterine life in:

(a) 1st month
(b) 1st trimester
(c) 1st week
(d) 3rd trimester

48. At 6 months of age eruption of …………… occur:

(a) Lower central incisors
(b) Upper central incisors
(c) Upper lateral incisors
(d) Lower lateral incisors

49. Milk teeth are:

(a) 20
(b) 22
(c) 24
(d) 26
(e) 28

50. Crying in the first 2 months of life may be due to all except:

(a) Teething
(b) When he is wet
(c) When he is hungry
(d) When he has colic
(e) When he has napkin dermatitis

51. A normal 2-year-old should be able to do all except:

(a) Climb stairs
(b) Jump from standing position
(c) Pick up a small object such as a raisin with a pincer grasp
(d) Build a tower of 3 bricks
(e) Point to eyes, nose and mouth

53. The best formula for weighing a 4-year old child is:

(a) $\dfrac{\text{Age (years)} \times 7 - 5}{2}$
(b) Age (years) x 2+8
(c) $\dfrac{\text{Age (months)} + 9}{2}$
(d) Age (years) x 5+17

54. Infant can sit without support, transfer objects from hand to hand and speaks in monosyllabic babble *is probably what age?

(a) 3 months
(b) 4 months
(c) 9 months
(d) 7 months
(e) 11 months

55. The best formula for approximating average height in centimeter for a 4 year-old is

(a) Age (years) x 2.5+30
(b) Age (years) x 5+80
(c) Age (years) x 2.5-6
(d) Age (years) x 7+5

56. Growth in weight between 4 and 8 months

(a) Accelerating by ½ kg/month

(b) Accelerating by 1 kg/month

(c) Accelerating by ¼ kg/month

(d) Accelerating by 1½ kg/month

(e) No change compared with that between 0 and 4 months

57. Weight increase between 0-3 months of age is characterized by:

(a) Accelerating by ½ kg/month

(b) Accelerating by 500 kg/month

(c) Accelerating by 250 kg/month

(d) Accelerating by 1000 kg/month

(e) Accelerating by 750 gm/month

58. Weight increase between 9-12 months of age is characterized by:

(a) Accelerating by ½ kg/ month

(b) Accelerating by 1 kg/month

(c) Accelerating by ¼ kg/month

(d) Accelerating by 1¼ kg/month

(e) No change compared with that between 3-9 month

59. The following reflex or reaction may be demonstrated in a normal 8-month-old infant:

(a) Moro reflex

(b) Stepping reflex

(c) Parachute reaction

(d) Palmar grasp reflex

60. A 12-month-old infant can be expected to do all except:

(a) Rise independently from lying to sitting

(b) Go up and down stairs

(c) Look for and find objects which roll of sight

(d) Pick up crumbs

KEY:

1.	(d)	**2.**	(b)	**3.**	(a)	**4.**	(c)	**5.**	(c)
6.	(d)	**7.**	(e)	**8.**	(b)	**9.**	(d)	**10.**	(c)
11.	(b)	**12.**	(e)	**13.**	(e)	**14.**	(d)	**15.**	(c)
16.	(c)	**17.**	(d)	**18.**	(c)	**19.**	(b)	**20.**	(e)
21.	(b)	**22.**	(c)	**23.**	(c)	**24.**	(b)	**25.**	(a)
26.	(d)	**27.**	(a)	**28.**	(e)	**29.**	(e)	**30.**	(e)
31.	(e)	**32.**	(d)	**33.**	(b)	**34.**	(c)	**35.**	(b)
36.	(c)	**37.**	(b)	**38.**	(a)	**39.**	(b)	**40.**	(d)
41.	(e)	**42.**	(c)	**43.**	(c)	**44.**	(b)	**45.**	(c)
46.	(b)	**47.**	(b)	**48.**	(a)	**49.**	(a)	**50.**	(a)
51.	(b)	**52.**	(e)	**53.**	(b)	**54.**	(d)	**55.**	(b)
56.	(a)	**57.**	(e)	**58.**	(c)	**59.**	(c)	**60.**	(b)
61.	(b)								

Nutrition and Nutritional Disorders

1. Protein calorie malnutrition is characterized by:

(a) Decreased body weight
(b) Anemia and signs of vitamin deficiencies
(c) Oedema starting in the dorsa of the hands and feet
(d) All of the above

2. Abnormally low body weight is considered when body weight is:

(a) Below the 5th percentile of age
(b) Two standard deviation below the mean value according to his age
(c) Less than 60% of the expected for age
(d) All of the above

3. A 2-month-old infant who is bottle fed should receive about:

(a) 120 ml of milk per feed
(b) 200 ml of milk per feed
(c) 90 ml of milk per feed
(d) 150 ml of milk per feed

4. Signs of rickets include:

(a) Craniotabes
(b) Delayed closure of anterior fontanelle
(c) Delayed teething
[✓ (d)] Delayed walking
(e) All of the above

5. An 8-month-old infant should be fed as follows:

(a) Pure breast feeding
[✓ (b)] Breast feeding supplemented by various semisolids
(c) Stop breast feeding and receive only semisolids
(d) Start cow's milk as the only food

6. The proper age to start weaning is:

(a) 6 months (b) 12-15 months
(c) 1-3 months (d) 9-12 months

7. Iron supplementation in a healthy full term infant should start:

(a) At birth (b) At 6 months
(c) At 12 months (d) At 24 months

8. Nutritional rickets is characterized by:

(a) Normal serum phosphorus [✓ (b)] Decreased serum phosphorus
(c) Increased serum phosphorus (d) Increased serum calcium

9. Nutritional rickets is:

[✓ (a)] Normocalcemic hypophosphatemic
(b) Hypocalcemic normophosphatemic
(c) Normocalcemic hyperphosphatemic
(d) Hypocalcemic hyperphosphatemic

10. In nutritional rickets the serum alkaline phosphatase is:

(a) Decreased
(b) Normal
[✓ (c)] Increased
(d) None of the above

11. Among the biochemical findings in protein energy malnutrition is:

(a) Increased serum albumin
(b) Decreased serum albumin
(c) Elevated serum Potassium
(d) Elevated serum cholesterol

12. Normal daily requirement of vitamin D in normal infant is:

(a) 100 IU
[✓ (b)] 400-800 IU
(c) 1200 IU
(d) None of the above

13. Clinical signs of active Vit D deficiency Rickets include:

(a) Craniotabes
(b) Rickety Rosary chest
(c) Broadening at wrists and ankles
(d) All of the above

14. Among laboratory changes in active vitamin D deficiency rickets is:

(a) Elevated serum level of alkaline phosphatase
(b) Lowering of serum phosphorus level
(c) Neither of them
[✓ (d)] Both A & B

15. Genetic primary hypophosphatemic Rickets is characterized by the following except:

(a) X-linked dominant inheritance
(b) Profound leg deformities
(c) Marked dwarfism in untreated patients
[✓ (d)] Hydrocephalus
(e) Elevated serum level of alkaline phosphatase enzyme

16. Oedema in kwashiorkor occurs when:

[✓ (a)] Serum albumin level is 2.5 gm/dl or less
(b) Total serum proteins is 8 gm/dl or less
(c) Elevated serum sodium
(d) Hepatomegaly occurs

17. Hepatomegaly in kwashiorkor is due to:

(a) Biliary obstruction
(b) Excessive glycogen storage
[✓ (c)] Fatty infiltration
(d) All of the above

18. Skin changes in Kwashiorkor are due to:

(a) Deficiency in trace elements
(b) Deficiency in essential aminoacids specially sulfur containing types
(c) Deficiency in essential fatty acids
(d) Vitamin deficiency specially vitamin A
[✓ (e)] All of the above

19. The earliest change in growth chart in nutritional marasmus is:

(a) Flat (plateau) weight curve
(b) Low skin fold thickness
(c) Progressive loss of weight
(d) Decreased body length

20. Among laboratory change in active vitamin D deficiency rickets is:

(a) Elevated serum level of alkaline phosphatase
(b) Lowering of serum phosphorus level
(c) Elevated serum level of parathormone
[✓ (d)] All of the above

21. The daily vitamin D requirements of a full term infant is:

[✓ (a)] 400-800 IU
(b) 1500-3000 IU
(c) 5000 IU
(d) 600,000 IU

22. Which of the following is a true statement:

(a) The caloric needs of a marasmic infant is 100 cal/kg/day
(b) Serum albumin is below 2.5 gm/dl in marasmus
(c) Protein intake in kwashiorkor should exceed 6 gm/kg/day
(d) Zinc supplement is needed in kwashiorkor

23. Patients at risk for megaloblastic anemia include all of the following except:

(a) Vegetarian who include milk and eggs in their diet
(b) Post-gastrectomy patients
(c) Patients with ileal resection
(d) Patients lacking intrinsic factor for B_{12} absorption

24. Colostrum has all of the following properties except:

[✓ (a)] It has a higher fat and sugar content than mature milk
(b) It has a higher protein content than mature milk
(c) It is richer in vitamin A, compared with mature milk
(d) It contains protective antibodies

25. An absolute contraindication to breast-feeding is:

(a) Erythroblastosis fetalis
(b) Inverted nipples
(c) Mastitis
(d) Cigarette smoking
[✓ (e)] Phenyl Ketonuria

26. Concerning minerals, all of the following are true except:

(a) Sodium is the major regulator of plasma osmolarity
(b) Potassium is the principal intracellular cation
(c) The percentage of water in the body decreases with age
(d) Increased dietary sodium will help decrease potassium loss
(e) In the first 4 days of life there is a net sodium loss

27. Hypokalemia is characterized by:

(a) Ileus (b) Tachycardia
(c) Hyper-reflexia (d) None of the above

28. In severe hypernatremic dehydration and after correction of shock, the total deficit fluid therapy should be corrected over:

(a) 36 hours (b) 6 hours
(c) 12 hours (d) 8 hours

29. In an exhausted infant with hypernatremic dehydration, deficit fluid therapy is prepared as follows:

(a) Dextrose 5% (b) Dextrose 10%
(c) Dextrose 5% to normal saline 2:1
(d) Dextrose 5% to normal saline 4:1

30. Metabolic acidosis should be corrected if:

(a) Serum HCO_3 is below 15 mEq/l
(b) PH of the blood is 7.25
(c) Serum HCO_3 is below 20 mEq/l
(d) PH of the blood is 7.2 or less

Which is correct:

(a) a + b (b) b + c
(c) a + d (d) c + d

31. The caloric requirement for a normal infant is:

(a) 75 Cal/kg/day (b) 100 Cal/kg/day
(c) 175 Cal/kg/day (d) 200 Cal/kg/day

32. Early manifestations

[✓ (a)] Craniotabes
(b) Rachitic rosary
[✓ (c)] Bone deformities
(d) Increased sweating
(e) Anorexia and irritability

33. Concerning mature human breast milk, all of the following are correct except:

(a) The water content is 88%
(b) The protein content is 0.9 gm %
(c) The predominant carbohydrate is sucrose
(d) The predominant carbohydrate is lactose

34. Complications of marasmus include:

(a) Hypothermia
(b) Repeated infections
(c) Purpura
(d) None of the above
[✓ (e)] All of the above

35. All of the following findings are likely to be found in a 6-month-old infant with rickets except:

[✓ (a)] Abnormal bowing of legs
(b) Anterior fontanelle of 3 fingers
(c) Increased sweating anorexia and irritability
(d) Craniotabes

36. The following are absolute contraindications for breast feeding except:

(a) Phenylketonuria of the neonate
(b) Galactosemia of the neonate
(c) Mapple syrup urine disease
[✓ (d)] Cleft lip and/or palate
(e) Cancer breast of mother

37. All of the following statements are true, except:

(a) Xerophthalmia in a 3-years-old child is a sign of vitamin A deficiency
(b) Vitamin A overdose can cause raised intracranial pressure
[✓ (c)] Scurvy is common in breast fed infants
(d) Vitamin D deficiency in infants can present with convulsions
(e) Babies fed on goat's milk require supplements of folic acid

38. In the absence of vitamin D serum calcium may be maintained by:

[✓ (a)] Parathyroid hormone secretion
(b) Decreased renal excretion of phosphate
(c) Dietary increases of calcium
(d) Decreased renal excretion of alkali
(e) Increased amounts of Vitamin A in the diet

39. Goat milk is deficient in:

(a) Iron

(b) Vitamin B_{12}

(c) Folic acid

(d) Copper

(e) All of the above

40. About marasmus, all are true except:

[✓ (a)] Senile face is a sign of 2nd degree marasmus

(b) Height is usually not markedly affected in marasmus

[✓ (c)] Muscle wasting is evident in 3rd degree marasmus

(d) Hypothermia is one of the main causes of death in marasmus

41. Clinical disorders associated with increased incidence of Vitamin D deficiency include all of the following except:

(a) Hepatic disease

(b) Celiac disease

(c) Chronic antiepileptic therapy

(d) Renal osteodystrophy

(e) Obesity

42. All of the following observations might be indicators of the adequacy of breast milk supply except:

(a) If the infant appears satisfied

(b) If the infant sleeps 2 to 4 hours between feedings

(c) If the infant exhibits adequate weight gain

(d) If the mother has a let-down reflex and feels breasts emptied after feedings

(e) If the infant rarely cries

43. Which of the following statements concerning vitamin D metabolism is false:

(a) It is formed in the skin

(b) It requires bile for absorption

(c) The kidney has a role in its metabolism

(d) It is metabolized in the liver to 25-OH cholecalciferol

(e) It is stored in the liver but not metabolized there

44. Breast milk has the following criteria Except:

[✓ (a)] Contains sucrose

(b) Contains a large proportion of protein as whey

(c) Contains the majority of carbohydrate as lactose

(d) Promotes the growth of bifidobacteria in the gut

45. In comparison with breast milk, cow's milk contains:

(a) Less fat content

(b) More lactose

[✓ (c)] More sodium

(d) Less lactoglobulin

(e) More unsaturated fat

46. Management of KWO may include any of following except:

(a) Blood transfusion
(b) Antibiotic
[✓ (c)] Total caloric restriction
[✓ (d)] High protein intake

47. Vitamin D intoxication is characterized by:

(a) Increased serum calcium
(b) Increased serum phosphorus
(c) Increased urine calcium
(d) Low levels of parathyroid hormone
(e) All of the above

48. Which one of the following is not an accepted contributory factor in rickets of vitamin D deficiency:

(a) Prematurity
(b) Biliary atresia
(c) Citric acid in diet
(d) Celiac disease
(e) Negro children

49. What is the indication of Soya based formulas?

(a) Cow Milk Allergy
(b) Malabsorption syndrome
(c) Nutritional edema
(d) Phenylketonuria

50. KWO is characterized by each of the following except:

(a) A history of inadequate protein intake with relatively adequate calories
[✓ (b)] History of prolonged breast feeding
(c) Presence of oedema
(d) Presence of hypoproteinaemia
(e) History of recurrent infections

51. Which of the following lab findings is not prresent in vit D deficiency rickets:

(a) Aminoaciduria
(b) Hyperphosphaturia
(c) Hypophosphatemia
(d) Hypercalcuria

52. Enlargement of the costochondral junction is caused by all except:

(a) Rickets
[✓ (c)] Hypothyroidism
(b) Scurvy
[✓ (d)] Chondrodystrophy

53. Breast milk contains all the following except:

[✓ (a)] Carbohydrates as fructose Lactose
(b) Large proportion of fat as polyunsaturated fatty acids
(c) Factors that promote growth of bifidus factor in the Gut
(d) Proteins as whey and caseins

54. Mental changes in kwashiorkor may due to the following factors Except:

(a) Deficiency of aromatic aminoacids
(b) Deficiency of zinc
[✓ (c)] Deficiency of growth hormone
(d) Decreased thyroid hormones

55. Breast feeding is characterized by all except:

(a) It increases neurodevelopmental score in preterms
(b) It is protective against infection
[✓ (c)] It is protective against sudden infant death syndrome
(d) It is protective against allergy
(e) It is protective against DM and hypertension

56. Breast milk is the best only in:

(a) Galactosemia
[✓ (b)] Preterm
(c) Phenylketonuria
(d) Epileptic mother

57. Kwashiorkor is characterized by all of the following except:

(a) Mental apathy
(b) Skin pigmentation
(c) Flag sign of the hairs
[✓ (d)] Hypervitaminosis A

58. Manifestations of hypervitaminosis D include all of the following except:

(a) Anemia
(b) Polydepsia and polyuria
(c) Irritability
(d) Hypocalcemia
(e) Metastatic calcification

59. Tetanus can be caused by:

(a) Hypocalcemia
(b) Alkalosis
(c) Infected umbilical stump
(d) All of the above

60. Regarding vitamin D deficiency rickets, all are true except:

(a) Normal or low normal Ca level
(b) Alkaline phosphatase is high
(c) Craniotabes is a late sign
(d) Hypophosphatemia

61. A diet of whole cow milk provides infants with more than adequate supply of:

(a) Iron
(b) Vit C
[✓ (c)] Protein
(d) Lienoleic acid
(e) Water

62. All of the following are features of hypocalcemic tetany in infants except:

(a) Laryngospasm
(b) Apnea
(c) Carpopedal spasm
(d) Muscular twitching
(e) Convulsions

63. In infantile rickets all are true except:

[✓ (a)] Age of presentation is over 2 years
(b) There is delayed dentition
(c) Craniotabes is the first sign and disappears before the end of the first year
(d) Kyphosis is correctable

64. The best source of iron in a 3-months old infant is:

(a) Iron fortified cereal
(b) Fruit
[✓ (c)] Breast milk
(d) Yellow vegetable
(e) Cow milk

65. Concerning colostrum, which of the following statements is false:

(a) Starts during the latter part of pregnancy and continues 2-4 days after birth
(b) 10-40 ml daily are secreted
[✓ (c)] It contains less protein than breast milk that is more mature
(d) It contains less carbohydrate and fats than mature breast milk
(e) It contains maternal leukocytes

66. In an 18 kg patient who is unable to eat, the daily maintenance fluid would be closest to:

(a) 500 cc
(b) 900 cc
(c) 1200 cc
(d) 1400 cc
(e) 1800 cc

67. The vitamin deficiency that produces osteomalacia in non-growing bone is:

(a) Vitamin C
(b) Vitamin A
(c) Vitamin B_6
(d) Vitamin B_2
(e) Vitamin D

68 All are true about Kwashiorkor except:

[✓ (a)] Age of presentation is over 3 years
(b) Pitting edema of feet and hands
(c) Hair changes are variable features
[✓ (d)] Lethargy and apathy are early features
(e) Hypothermia is one of the causes of death

69. All of the following are effects of parathyroid hormone except:

(a) Hypophosphatemia
(b) Hyperphosphaturia
(c) Calcium release from bone
(d) Reduced renal clearance of calcium
(e) Decreased calcium absorption from the gut

70. Lactose-free milks are used in:

(a) Phenylketonuria
[✓ (b)] Galactosemia
(c) Heart failure
(d) KWO

71. Marasmus is diagnosed according to Wellcome classsification when infant's body weight is:

(a) Between 60 – 80% of expected wt for age without edema
(b) Under 60% of expected wt for age with edema
[✓ (c)] Under 60% of expected wt for age without edema
(d) Between 60 – 80% of expected wt for age with edema

72. Loss of subcutaneous fat occurs in 1st degree marasmus:

(a) From the limbs (b) From abdominal wall
(c) From face (d) Abdominal wall and limbs

73. When the muscle is atrophic, mid-arm circumference after 6 months is:

(a) More than 13½ cm (b) Between 13-15 cm
(c) Less than 12½ cm (d) None of the above

74. Anemia in KWO may be due to:

(a) Iron or B_{12} deficiency (b) Bone marrow suppression
(c) Hemolysis (d) Zinc or copper defeiciency
[✓ (e)] All of the above

75. In vitamin "D" deficiency rickets, serum Ca is usually:

(a) 5-9 mg/dl (b) 7.5 mg/dl
[✓ (c)] 9-11 mg/dl (d) 13 mg/dl

76. What are the indications of high protein milk feeding?

(a) Milk Allergy (b) Malabsorption syndrome
(c) Nutritional edema (d) Phenylketonuria

77. Rickets can treated by all except:

(a) Exposure to sunlight
(b) 1500-5000 IU vitamin D daily for 4-6 weeks
(c) 600.000 IU of vitamin D IM injection every 2 weeks for 3 doses
[✓ (d)] Diet rich in phosphate

78. All are signs of marasmus except:

[✓ (a)] Rosary beads (b) Muscle wasting
(c) Decreased subcutaneous fat (d) Senile face

79. Recognized features of vitamin D deficiency Rickets include all except:

(a) Hypophosphataemia
(b) Hypotonia
(c) Increased alkaline phosphatase
(d) Delayed teething
[✓ (e)] Mental retardation

80. In kwashiorkor all are true except:

[✓ (a)] Hair changes are a constant feature
(b) Hepatomegaly might be detected
(c) Hypoglycemia & hypothermia are common
(d) Oedema is always present
(e) Anorexia & mental changes are characteristic

81. A marasmic infant is already below expected wt for age by at least:

(a) 10%
(b) 20%
(c) 30%
[✓ (d)] 40%
(e) 15%

82. Breast milk provides the baby with his requirements of all nutrients except:

(a) Proteins
(b) Fat
(c) Vitamin B
(d) Carbohydrates
(e) Iron

83. Compared to cow's milk, breast milk contains all of the following except:

(a) Less fat
(b) More appropriate Ca/P ratio
(c) Less casein
(d) More calories per ml

84. Vitamin A deficiency is characterized by all of the following except:

(a) Dry skin Xerophthalmia
(b) Night blindness
(c) Keratomalacia
(d) Angular stomatitis

85. All of the following are true of colostrum except:

(a) Lemon yellow color
[✓ (b)] Acid reaction
(c) Specific gravity 1.040 to 1.060
(d) More protein than breast milk
(e) Less carbohydrate and fat than breast milk

86. Human milk is relatively low in:

(a) Carbohydrates
(b) Proteins
(c) Fat
(d) Calcium
(e) Iron

87. In human milk, the protein consists of about …… percent whey proteins:

(a) 20
(b) 30
(c) 40
(d) 50
[✓ (e)] 60

88. The main sugar of cow's milk is:

(a) Fructose (b) Lactose
(c) Sucrose (d) Xylose
(e) Ribose

89. Breast-milk feeding by the mother is contraindicated in all except:

(a) Phenyl-ketonuria
(b) Galactosemia
(c) Hereditary lactose intolerance
(d) Maternal use of anti-thyroid or cytotoxic drugs till stopped
(e) Maternal hepatitis B

90. Regarding vitamin-D deficiency rickets, select the true statement:

(a) Craniotabes is a late sign
(b) X-ray shows cupping of the distal ends of the radius and ulna
(c) Skull examination shows scaphocephaly
(d) Calcium level is usually maintained in the normal range by 2ry hyperthyroidism
(e) Early closure of the anterior fontanel occurs

91. Breast-feeding is contraindicated when the infant has:

(a) Gastroenteritis
(b) Bronchial asthma
(c) Phenylketonuria
(d) None of the above

92. Human milk is characterized by all except:

(a) Contains lipase enzyme
(b) A good source of vitamin A
(c) A rich source of vitamin D
(d) Secretory IgA is the major immunoglobulin it contains

93. All can occur with kwashiorkor except:

(a) Mental apathy
(b) Vitamins deficiency
[✓ (c)] Pleural effusion without a local cause
(d) Trace elements deficiency
(e) Generalized edema

94. The main protein in breast milk is:

(a) Casein
(b) Thyroglobulin
(c) Lactoferrin
(d) Lactalbumin
(e) Gamma globulin

95. All are true about breast milk composition except:

(a) Protein 1.2 gm/dL
(b) Fat: 3.5 gm/dL
(c) Each 100 ml supply 107 cal.
(d) Water content 88%
(e) Carbohydrate content is 7 gm/ dL

96. The following conditions are associated with delayed closure of the anterior fontanel except:

(a) Achondroplasia (b) Rickets
(c) Hyperthyroidism (d) Down Sydrome
(e) Osteogenesis imperfecta

97. The essential features of KWO include the following except:

(a) Oedema (b) Fatty liver
(c) Growth retardation (d) Anemia
(e) Mental apathy

98. Clinical manifestations of rickets include the following except:

(a) Bow-legs (b) Frontal bossing
(c) Macrocranium (d) Loss of skin elasticity
(e) Delayed motor milestones

99. All are true in infantile rickets except:

(a) Elevated alkaline phosphatase level
(b) High serum calcium
(c) Low serum phosphate
(d) Parathyroid hormone level is increased

100. A patient with uncomplicated Kwashiorkor can have all except:

(a) Oedema (b) Pleural effusion
(c) Skin changes (d) Hair changes
(e) Hepatomegaly

101. All are manifestations of under-feeding except:

(a) Failure to gain weight
(b) Constipation
(c) Polyuria
(d) Pallor
(e) Muscle wasting

102. All these factors may cause tetany except:

(a) Hypoparathyroidism (b) Hypomagnesemia
(c) Acidosis (d) Vitamin D deficiency
(e) Hyperventilation

103. The following are advantages of breast milk except:

(a) Easily provided and cheap
(b) Contains lactoferrin
(c) High content of iron
(d) Contains interferon
(e) Easily digested curd

104. Nutritional rehabilitation of marasmus requires giving:

(a) 100 kcal/kg/day
(b) 110 kcal/kg/day
(c) 120 kcal/kg/day
(d) 150 kcal/kg/day
(e) 50 kcal/kg/day

105. The presence of oedema in patients with Kwashiorkor is caused by:

(a) Increase urinary loss of protein
(b) Decreased serum albumin
(c) Congestive heart failure
(d) Lymphatic obstruction
(e) None of the above

106. During nutritional rehabilitation of patients with KWO, protein intake should be:

(a) 2 gm/kg/day
(b) 10 gm/kg/day
(c) 4 gm/kg/day
(d) 6 gm/kg/day

107. A contraindication to breast feeding is:

(a) Cesarean delivery
(b) Low birth weight
(c) Maternal intake of radi-isotope
(d) Neonatal jaundice

108. In the 2nd degree marasmus:

(a) Patient's weight is between 60 to 80% of expected weight for age
(b) Diagnosis is mainly by serum albumin level
(c) Edema is a prominent feature
(d) The patient is receiving adequate calories but deficient proteins
[✓ (e)] The buccal pad of fat is preserved

109. The best source of iron for a 1-month infant of a normal mother is:

(a) Cow's milk (b) Breast milk
(c) Medicinal iron (d) Milk adapted formula
(e) None of the above

110. Colostrum has all of the following properties except:

[✓ (a)] It contains high amount of IgA antibodies
[✓ (b)] It has a higher fat content than mature milk
(c) Ash is higher than in mature human milk
(d) It has a higher protein content than mature milk
(e) It has a lower carbohydrate content than mature milk

111. Kwashiorkor is characterized by all the following except:

[✓ (a)] Marked loss of subcutaneous fat
(b) Fatty infiltration of the liver
(c) It usually affects the neglected child
(d) Skin manifestations in the form of dermatosis
(e) The body weight is usually 60-80% of the expected for age, with edema

112. Pathological changes in kwashiorkor include all except:

(a) Edema of limbs
(b) Growth retardation
(c) Fatty infiltration of the liver
(d) Generalized muscle wasting
[✓ (e)] Generalized loss of subcutaneous fat

113. Find the false statement in nutritional deficiency states:

(a) Pellagra is caused by niacin deficiency
[✓ (b)] Vitamin-C deficiency causes prolonged clotting time
(c) Thiamine deficiency may cause peripheral neuropathy
(d) Vitamin-A deficiency causes night blindness
(e) Folate deficiency leads to macrocytosis of RBCs

114. All are indicators of adequate breast milk supply except:

(a) The infant appears satisfied and contented after feeding
(b) The infant sleeps about 2 hours after feeding
(c) Adequate gain in weight
(d) A negative let-down reflex
(e) Normal stools in number and consistency

115. In malnutrition, anemia may be related to the following except:

(a) Iron deficiency
(b) Protein deficiency
(c) Folic acid deficiency
(d) Infections and toxemia
(e) G-6-PD enzyme deficiency

116. All are common causes of death in marasmus except:

(a) Gastroenteritis and dehydration
(b) Encephalopathy
(c) Hypoglycemia
(d) Intercurrent infections
(e) Hypothermia

117. Concerning colostrum, which of the following statements is false:

(a) Its amount is about 10 to 40 ml/day
[✓ (b)] It is characterized by its high content of IgM
(c) It contains more protein than mature breast milk
(d) It contains less carbohydrates and fats than breast milk
(e) Starts in later part of pregnancy and continues 2-4 days after birth

118. The following anti-infective properties of breast milk are true except:

(a) Breast milk is naturally sterile
(b) It has alkaline ph that interferes with growth of gram –ve organisms
(c) Contains lactoferrin which is a bacteriostatic iron binding protein
(d) Contains antibodies of the IgA class against numerous viruses and bacteria
(e) Contains "Bifidus factor" which enhances intestinal colonization and multiplication of lactobacillus bifidus

119. Human breast milk:

(a) Contains less carbohydrate than cow's milk
(b) Is better source of Fe than cow's milk
(c) Has higher protein than cow's milk
(d) Has more phosphate than cow's milk
(e) It has higher fat content than cow's milk

120. For each of the disorder below select the dietary defect that is responsible:

(a) Marasmus 1	1. Calories
(b) KWO 5	2. Niacin
(c) Pellagra 2	3. Thiamin
(d) Beri Beri 3	4. Vitamin D
(e) Rickets 4	5. Proteins

KEY:

1.	(d)	**2.**	(d)	**3.**	(a)	**4.**	(d)	**5.**	(b)
6.	(a)	**7.**	(b)	**8.**	(b)	**9.**	(a)	**10.**	(c)
11.	(b)	**12.**	(b)	**13.**	(d)	**14.**	(d)	**15.**	(d)
16.	(a)	**17.**	(c)	**18.**	(e)	**19.**	(a)	**20.**	(d)
21.	(a)	**22.**	(d)	**23.**	(a)	**24.**	(a)	**25.**	(e)
26.	(d)	**27.**	(a)	**28.**	(a)	**29.**	(d)	**30.**	(c)
31.	(b)	**32.**	(c)	**33.**	(c)	**34.**	(e)	**35.**	(a)
36.	(d)	**37.**	(c)	**38.**	(a)	**39.**	(c)	**40.**	(a)
41.	(e)	**42.**	(e)	**43.**	(e)	**44.**	(a)	**45.**	(c)
46.	(c)	**47.**	(e)	**48.**	(c)	**49.**	(a)	**50.**	(b)
51.	(d)	**52.**	(c)	**53.**	(a)	**54.**	(c)	**55.**	(c)
56.	(b)	**57.**	(d)	**58.**	(a)	**59.**	(c)	**60.**	(c)
61.	(c)	**62.**	(b)	**63.**	(a)	**64.**	(c)	**65.**	(c)
66.	(d)	**67.**	(e)	**68.**	(a)	**69.**	(e)	**70.**	(b)
71.	(c)	**72.**	(b)	**73.**	(c)	**74.**	(e)	**75.**	(c)
76.	(c)	**77.**	(d)	**78.**	(a)	**79.**	(e)	**80.**	(a)
81.	(d)	**82.**	(e)	**83.**	(d)	**84.**	(e)	**85.**	(b)
86.	(e)	**87.**	(e)	**88.**	(b)	**89.**	(e)	**90.**	(b)
91.	(c)	**92.**	(c)	**93.**	(c)	**94.**	(d)	**95.**	(c)
96.	(c)	**97.**	(d)	**98.**	(d)	**99.**	(b)	**100.**	(b)
101.	(c)	**102.**	(c)	**103.**	(c)	**104.**	(d)	**105.**	(b)
106.	(c)	**107.**	(c)	**108.**	(e)	**109.**	(b)	**110.**	(b)
111.	(a)	**112.**	(e)	**113.**	(b)	**114.**	(d)	**115.**	(e)
116.	(b)	**117.**	(b)	**118.**	(b)	**119.**	(b)		

120. (a) 1, (b) 5, (c) 2, (d) 3, (e) 4

18. Breast milk Jaundice appears on:

(a) 1st day of life
(b) 3rd month of life
(c) 7th day of life
(d) 1 year of age

19. Jaundice persisting for more than 2 weeks and associated with dark urine and clay colored stools suggest:

(a) Spherocytosis
(b) RH incompatibility
(c) Biliary atresia
(d) Breast milk jaundice

20. Phototherapy in neonatal jaundice acts by:

(a) Changing indirect bilirubin to easily excreted structures
(b) Stimulates UDP glucuronyl transferase
(c) Increases the amount of UDP glucuronyl transferase
(d) Helps enterohepatic circulation

21. Some drugs may be used in treatment of neonatal jaundice as:

(a) Phenobarbitone (b) Isoniazide
(c) Corticosteroids (d) Penicillin

22. RH incompatibility results from:

(a) Transplacental passage of maternal antibodies against RBC antigens of the infant
(b) Transplacental passage of maternal antigens
(c) Decrease in UDP glucuronyl transferase
(d) Severe sepsis of the newborn

23. The vaccine given immediately after birth or during the first month of life is:

(a) DPT (b) Polio
(c) Measles (d) BCG

24. In RH incompatibility the following test is positive:

(a) Osmotic fragility
(b) Alkaline denaturation
(c) Comb's test
(d) None of the above

25. All the following organisms are capable of crossing the placenta and infecting the baby except:

(a) CMV
(b) Hepatitis. B.
(c) Toxoplasmosis
(d) Staph. Aureus
(e) Syphilis

26. A normal neonate has all the following characters except:

(a) Length of 50 cm
(b) Skull circumference of 35 cm
(c) Moro's reflex
(d) Grasping reflex
(e) Hemoglobin of 10 g%

27. All are true about Bilirubin except:

(a) Unconjugated bilirubin crosses the blood brain barrier of the neonate
(b) Conjugated bilirubin is water soluble and is excreted in urine
(c) The excreted conjugated bilirubin is responsible for stool color
(d) Normally the direct conjugated bilirubin constitutes more than 60% of total bilirubin

28. All are true about neonatal jaundice except:

(a) Physiological jaundice is never associated with an increase in direct conjugated bilirubin
(b) Breast feeding may aggravate some forms of indirect hyperbilirubinemia
(c) Rh incompatibility may result in neonatal jaundice in the 1st day of life
(d) Phototherapy and exchange transfusion are the lines of treatment of direct hyperbilirubinemia
(e) Stool and urine colors are important in making an etiological diagnosis

29. The following statements are true about respiratory distress syndrome (RDS) except:

(a) It is associated with prematurity
(b) It is associated with maternal diabetes
(c) Corticosteroids given to mothers before delivery decrease incidence of RDS
(d) It responds to corticosteroids therapy
(e) It responds to surfactant given through the endotracheal tube

30. ABO incompatibility can be suspected in:

(a) Severe early jaundice
(b) Consanguinity
(c) Mother blood group A
(d) All of the above

31. Jaundice in the 1st 24 hrs may be caused by all of the following except:

(a) ABO hemolytic disease
(b) RH isoimmunization
(c) CMV inclusion disease
(d) Breast milk jaundice

Pulmonology, Allergy & Immunology

1. Clinical signs consistent with lobar consolidation include all except:

(a) Reduced chest movements
(b) Impaired note on percussion over affected lobe
(c) Bronchial breathing
(d) Increased tactile vocal fremitus & bronchophony
(e) Deviation of trachea towards affected lobe

2. In bronchiolitis all are true except:

(a) Air trapping is common
(b) Tachypnea is a feature
(c) The typical causative agent is respiratory syncytial virus (RSV)
(d) Wheezing and crepitations may be heard over the chest
(e) Corticosteroids is the therapy of choice

3. Fine consonating crepitations are the typical findings in all except:

(a) Bronchiectasis
(b) Left sided heart failure
(c) Interstitial Pulmonary fibrosis
(d) Bronchial asthma
(e) Pneumonia (specially in the early or late phases)

4. Typically in bronchial asthma all are true except:

(a) Hyperinflation of chest occurs
(b) Sibilant rhonchi are heard bilaterally
(c) Disappearance of the rhonchi may indicate increased severity of the condition
(d) Bronchial breathing is a feature
(e) Treatment with bronchodilators and corticosteroids is highly efficient

5. Which of the following symptoms suggest a foreign body in the nasal passage?

(a) Pain and fever
(b) Bleeding from the nostril
(c) Mucopurulent, malodorus discharge
(d) Nasal Obstruction
(e) C and D most likely

6. Which of the following would not be included in the differential diagnosis of acute croup in children?

(a) Diphtheria
(b) Foreign body inhalation
(c) Parainfluenza viral infection
(d) Bronchial asthma
(e) Laryngeal papilloma

7. The following statements are true for Kartagner syndrome except:
(a) Situs inversus is very common
(b) Diagnosis depends on electron microscopic examination of cilia
(c) Diagnosis may be delayed into adulthood
(d) A definitive treatment is available for this disease
(e) Wheezing is common

8. The principal single cause of bronchiolitis is:
(a) Hemophilus influenza
(b) Pneumococcus
(c) Para influenza
(d) Coxsackie virus A
(e) Respiratory Syncytial virus (RSV)

9. Stridor in the newborn may be caused by:
(a) Laryngomalacia
(b) Laryngeal web
(c) Laryngeal paralysis (secondary to trauma)
(d) Laryngeal papilloma in newborn
(e) All of the above

10. Permanent finger clubbing is common in the following conditions except:
(a) Congenital cyanotic heart disease
(b) Cystic fibrosis
(c) Biliary cirrhosis
(d) Bronchial asthma
(e) Bronchiectasis

11. In congenital diaphragmatic hernia all are true except
(a) Diagnosis is by auscultating bowel sounds in the thorax
(b) Pulmonary hypoplasia is common
(c) Surgery is indicated
(d) Initial management with O2 by ambu bag and mask

12. All are true about massive purulent pleural effusion except:
(a) Causes severe respiratory distress
(b) Trachea is shifted to the opposite side
(c) Overlying stony dullness
(d) Tactile vocal fremitus is increased
(e) May be complicated by purulent pericarditis

13. Which of the following is a false statement?
(a) Angioneurotic oedema is always a benign condition
(b) Atopic persons usually have a family history of atopy even in other anatomic sites
(c) Blood oesinophilia $> 700/\text{mm}^3$ is suggestive of atopy
(d) Breast feeding is recommended for infants born to atopic parents
(e) Avoidance of the precipitating allergen is the corner stone of management

14. Which of the following is a false statement?

(a) Rheumatic arthritis is fleeting in nature
(b) Persistent arthritis of more than 6 weeks is suggestive of rheumatoid arthritis
(c) Joint deformity is common after rheumatic arthritis
(d) Salicylates are the treatment of choice for rheumatic arthritis
(e) None of the above

15. Extrinsic (atopic) asthma is characterized by:

(a) Intermittent attacks of dyspnea, wheezing and cough
(b) Usually precipitated by exposure to an allergen
(c) Eosinophilia
(d) Elevated serum IgE
(e) All of the above

16. The etiology of extrinsic (atopic) asthma includes:

(a) Genetic predisposition
(b) Environmental factors
(c) Both
(d) None of the above

17. The asthmatic manifestations:

(a) Get worse during sleeping
(b) Improve during exercise
(c) Has got no relation to sleeping
(d) Treated by beta blockers

18. Auscultation of a case of bronchopneumonia usually reveals:

(a) Sonorous rhonchi and non-consonating crepitations
(b) Harsh vesicular breathing
(c) Diminished air entry and sibilant rhonchi
(d) Bronchial breathing and consonating crepitations
(e) None of the above

19. In a case of pleural effusion you may find:

(a) Signs of respiratory distress
(b) Diminished air-entry on auscultation
(c) Stony dullness on percussion
(d) All of the above

20. The signs of respiratory distress include:

(a) Tachypnea
(b) Working ala nasi
(c) Intercostal retractions
(d) Suprasternal and subcostal recessions
(e) All of the above

21. All of the following are common in bronchial asthma, except:

(a) Generalized wheezing
(b) Increased eosinophils in blood
(c) Paroxysmal nocturnal attacks
(d) Gross hemoptysis

22. In consolidation pneumonia, you find that:

(a) Tactile vocal fremitus is increased
(b) Breath sounds are of bronchial character
(c) There is fine or medium sized crepitations
(d) All of the above

23. About acute bronchiolitis all are true except:

(a) Is most commonly caused by adenovirus
(b) The patient shows marked respiratory distress with minimal local signs
(c) Tissue culture may reveal viruses
(d) Steroids have not proved to be beneficial

24. Treatment of anaphylaxis include:

(a) Epinehrine subcutaneously
(b) Oxygen therapy and cardiac monitoring
(c) Antihistaminics and corticosteroids
(d) All of the above
(e) None of the above

25. Recurrent chest infections could be due to all the following except:

(a) Pulmonary T.B.
(b) Tracheo-esophageal fistula
(c) Congenital heart disease with left to right shunt
(d) Rickets
(e) Exclusive breast feeding during the first 6 months of age

26. In Acute laryngotracheobronchitis (croup), all are true except:

(a) Is usually caused by viral infection
(b) Is usually preceded by other upper respiratory symptoms
(c) May benefit from corticosteroid therapy
(d) Restlessness is an indication for sedation

27. One of the following is a recognized feature of asthma:

(a) Nocturnal cough
(b) Apnea
(c) Kussmaul breathing
(d) Pectus excavatum (funnel chest)

28. Bronchiectasis is characterized by all, except:

(a) Productive cough is the most characteristic symptom
(b) Best treatment is by surgery
(c) Chest physiotherapy is an important line of treatment
(d) May complicate whooping cough

29. The following occur in childhood asthma:

(a) Cough is a predominant symptom
(b) Expiratory sibilant ronchi
(c) Increased airway resistance
(d) All of the above
(e) None of the above

30. The etiologic agent for bronchiolitis is:

(a) Parainfluenza virus
(b) Streptococcus viridans
(c) Pneumococcus
(d) Haemophilus influenza
(e) Respiratory syncytial virus

31. Allergic reactions include all of the following except:

(a) Anaphylaxis (b) Atopy
(c) Urticaria (d) Hay fever
(e) Psoriasis

32. Diagnosis of allergy include all except:

(a) Provocation tests
(b) Elevated serum IgE level
(c) Neutrophilia
(d) Eosinophilia
(e) Positive skin test

33 Arthritis in children may be caused by

(a) Staph aureus infection
(b) Reaction to enteric bacilli
(c) Acute Leukemia
(d) Rubella
(e) All of the above

34. Which of the following statements is not correct about Bronchiolitis:

(a) Up to 50% of patients continue to wheeze after recovery
(b) Tachypnea is a finding
(c) Air trapping is normally present
(d) Causative agent is respiratory syncytial virus

35. Mark the incorrect statement:

(a) Bronchial breathing and consonating crepitations are ausculated in pneumonia

(b) The chest can be silent on auscultation if the attack of asthma is severe

(c) Bronchiolitis has the peak incidence at 6 years of age

(d) Clubbing of fingers usually occurs in cases of bronchiectasis

36. Complications of asthma include:

(a) Massive collapse

(b) Bronchiectasis

(c) Hemoptysis

(d) Lung cyst

37. Risk factors of developing asthma include:

(a) Infantile eczema

(b) Air pollution

(c) Exposure (prolonged) to tobacco smoke

(d) All of the above

38. All these drugs are used in the treatment of bronchial asthma except:

(a) Theophylline

(b) Inhaled corticosteroids

(c) Systemic corticosteroids

(d) Adrenergic blockers

39. A false statement concerning extrinsic bronchial asthma is:

(a) A family history of atopy is usually present

(b) Serum total IgE is usually normal

(c) Moist rales indicate infection

(d) Chest X ray may show hyperinflation

40. The following are indications for corticosteroids therapy in tuberculosis except:

(a) TB meningitis

(b) TB bronchopneumonia

(c) TB pleural effusion

(d) Miliary TB

41. Status asthmaticus can be treated by all of the following except:

(a) O_2 inhalation

(b) Nebulized bronchodilators

(c) Systemic steroid intake

(d) Inhaled steroid intake

(e) Intravenous minophylline drip

42. Regarding tuberculosis in pediatrics all of the following are true except:

(a) Primary T.B is usually a closed lesion

(b) Combination therapy is the rule

(c) Transplacental transmission is a common route

(d) BCG vaccine is a compulsory vaccine in children in Egypt

43. The most common cause of spontaneous pneumothorax in a child three years old is:

(a) Cystic fibrosis
(b) Tuberculosis
(c) Whooping cough
(d) Bronchiectasis

44. In miliary tuberculosis all are true except:

(a) Immune-compromised children are more susceptible
(b) May cause hepatosplenomegaly
(c) Occurs in the majority of primary T.B infection
(d) Tuberculin test may be negative
(e) Chemotherapy is indicated for 12-18 months

45. In bronchial asthma the main pathophysiologic event is:

(a) Broncho constriction
(b) Bronchial wall inflammation
(c) Bronchial hyperresponsiveness
(d) All of the above
(e) None of the above

46. All of the following are associated with susceptibility to tuberculosis except:

(a) Steroid therapy
(b) Adolescence
(c) Malnutrition
(d) Diabetes mellitus
(e) Acquired immunodeficiency syndrome (AIDS)

47. Vitamin B6 is needed for tuberculous patients receiving:

(a) Rifampicin
(b) INH
(c) Streptomycin
(d) PAS
(e) Ethambutol

48. All are causes of pleural effusion except:

(a) Nephrotic syndrome
(b) Congestive heart failure
(c) Pneumonia
(d) Bronchial asthma

49. One of the following is not used in long-term management of bronchial asthma:

(a) Inhaled bronchodilator
(b) Inhaled Steroids
(c) Beta blocker
(d) Leukotriene modifiers
(e) Mast cell stabilizers

50. The following drugs are used in treatment of bronchial asthma except:

(a) Theophylline
(b) Leukotriene modifiers
(c) Inhaled steroids
(d) Beta blockers
(e) Regular short acting B2 agonist

51. All are used in the treatment of Bronchial Asthma except:

(a) Systemic corticosteroids
(b) Inhaled corticosteroids
(c) B adrenergic antagonists
(d) Anticholinergic inhalation

52. Recurrent respiratory tract infections have significant association with:

(a) VSD
(b) Gastroesophageal reflux
(c) Attendance at nursery school
(d) All of the above
(e) None of the above

53. In primary pulmonary tuberculosis of children:

(a) Easy bronchogenic dissemination is common
(b) It is the commonest cause of hemoptysis in children
(c) Ghon's focus, lymphangitis and lymphadenitis are characteristic
(d) Early cavitation in the apex of the lung
(e) All of the above

54. All of the following is used in treatment of Bronchial asthma except:

(a) NSAID
(b) Albuterol (Ventolin)
(c) Corticosteroids
(d) Long acting B2 agonist
(e) Leukotriene antagonists

55. Eosinophilia may be a manifestation of:

(a) Bronchial asthma
(b) Ascariasis
(c) Hodgkin disease
(d) Aspergillosis
(e) All of the above

56. Mark the incorrect statement:

(a) Atopy is inherited (familial)
(b) The normal concentration of serum IgE varies with age
(c) Early-weaning prevents allergy
(d) Histamine is released from mast cells and basophils

57. Mark the correct statements:

(a) Angioneurotic oedema starts in the dorsa of hands and feet
(b) Onset of atopic dermatitis is usually after 6 years of age
(c) White dermographism is caused by light mechanical stroke of the skin
(d) Urticaria is characterized by skin scaling and lichenification

58. Among the causes of urticaria is:

(a) Parasitic infestations
(b) Food additives
(c) Post-shower
(d) Insect bites
(e) All of the above

59. Treatment of anaphylaxis includes all except:

(a) Subcutaneous epinephrine
(b) Systemic corticosteroids
(c) Oxygen therapy
(d) Oral antihistamines

60. Anaphylaxis is manifested by:

(a) Tingling sensation around the mouth
(b) Inspiratory stridor
(c) Chest tightness
(d) Hypotension
(e) All of the above

61. The following is true about atopic dermatitis:

(a) Infants with atopic eczema may develop asthma later
(b) Never affects the flexures
(c) Non-pruritic during infancy
(d) Topical agents have no role in the treatment
(e) None of the above

62. Allergic rhinitis may cause:

(a) Paroxysmal sneezing
(b) Dark circles under the eyes
(c) Itchy sensation in the pharynx
(d) Snoring during sleep
(e) All of the above

63. Criteria for diagnosis of SLE include all except one:

(a) Painless nasopharyngeal ulcers
(b) Pericarditis
(c) Thrombocytopenia
(d) Chronic erosive arthritis
(e) Proteinuria

64. Epinephrine is given in anaphylaxis as follows:

(a) 0.01 ml/kg of 1:1000 concentration subcutaneously

(b) 0.1 ml/kg of 1:1000 concentration intramuscularly

(c) 0.01ml/kg of 1:10 concentration intravenously

(d) 0.01ml/kg of 1:100 concentration subcutaneously

65. Mark the incorrect statement:

(a) Pauciarticular juvenile rheumatoid arthritis affects 4 joints or fewer

(b) Henoch-schonlein vasculitis is contagious

(c) Neonatal lupus may cause congenital heart block

(d) Juvenile dermatomyositis causes proximal muscle weakness

66. Systemic lupus erythematosis is characterized by:

(a) Low prevalence among orientals

(b) Photosensitivity to sun light

(c) Never affects the CNS

(d) Male preponderance

KEY:

1.	(e)	2.	(e)	3.	(d)	4.	(d)	5.	(e)
6.	(d)	7.	(d)	8.	(e)	9.	(e)	10.	(d)
11.	(d)	12.	(d)	13.	(a)	14.	(c)	15.	(e)
16.	(c)	17.	(a)	18.	(d)	19.	(d)	20.	(e)
21.	(d)	22.	(d)	23. RSV	(a)	24.	(d)	25.	(e)
26.	(d)	27.	(a)	28.	(b)	29.	(d)	30.	(e)
31.	(e)	32.	(c)	33.	(e)	34.	(a)	35.	(c)
36.	(d)	37.	(d)	38.	(d)	39.	(b)	40.	(b)
41.	(d)	42.	(c)	43.	(c)	44.	(c)	45.	(d)
46.	(b)	47.	(b)	48.	(d)	49.	(c)	50.	(d)
51.	(c)	52.	(d)	53.	(c)	54.	(a)	55.	(e)
56.	(c)	57.	(c)	58.	(e)	59.	(d)	60.	(e)
61.	(a)	62.	(e)	63.	(d)	64.	(a)	65.	(b)
66.	(b)								

Infectious Diseases and Immunization

1. BCG is only given to a child if his:

(a) Weight and height are within average
(b) Tuberculin test is negative
(c) Tuberculin test is positive
(d) WBC count is within normal range

2. Dose of BCG in a newborn:

(a) 0.2 ml
(b) 0.5 ml
(c) 0.05 ml
(d) 0.3 ml

3. BCG dose to a child is:

(a) 0.2 ml
(b) 0.5 ml
(c) 0.1 ml
(d) 0.3 ml

4. Sabin vaccine is used against:

(a) Diphtheria
(b) Mumps
(c) Polio
(d) Measles

5. Sabin vaccine is given by:

(a) Intramuscular route
(b) Oral route
(c) Subcutaneous route
(d) Intradermal route

6. Living attenuated vaccines are used to provide protection against all except:

(a) Measles
(b) Tuberculosis
(c) Polio
(d) Hepatitis B
(e) Mumps

7. In vaccination of infants in Egypt all are true except:

(a) Polio, DPT and hepatitis B vaccines are obligatory
(b) BCG vaccine is given intradermally
(c) DPT may be complicated by encephalitis
(d) Measles vaccine is given before 9 months of age
(e) The "Sabin " vaccine is a live attenuated virus while the salk is an inactivated virus

8. All are true about Hepatitis B vaccine except:

(a) It is prepared by recombinant DNA technology in yeast cells
(b) It is given intramuscularly in 3 doses
(c) It must not be frozen
(d) It contains the hepatitis B surface antigen and not the infectious whole "Dane" particle
(e) It may result in hepatitis B disease in a recipient

9. All are true about 'Sabin' polio vaccine except:

(a) It is given orally
(b) It is given in 3 doses then a booster is given at 1½ years
(c) In very rare cases it may result in poliomyelitis disease in the recipient (wild virus)
(d) It is easily damaged by high temperatures thus should always be kept cold (frozen)
(e) It is an inactivated virus

10. Vaccination against poliomyelitis is through:

(a) Oral route
(b) I.M. route
(c) Both
(d) None

11. Measles vaccination is given as:

(a) ½ ml S.C.
(b) Oral drops
(c) Both
(d) None

12. Hepatitis-B vaccine is given in:

(a) 2 doses
(b) 3 doses
(c) Single dose
(d) None of the above

13. MMR vaccine is given:

(a) In the 1st year of life
(b) At 1½ year of life
(c) At birth
(d) Only after the 2nd year of life

14. All of the following statements are true about diphtheria except:

(a) Incubation period is 2-7 days
(b) Is always accompanied by fever of 40c
(c) There is adherent gray membrane on one or both tonsils
(d) May be complicated by toxic myocarditis
(e) Antibiotics and diphtheritic antitoxin are the specific lines of treatment

15. Tuberculin test is done:

(a) Intravenously
(b) Intradermally
(c) Orally
(d) Intramuscularly

16. The dose of Rifampicin in treatment of T.B. is:

(a) 40-60 mg/kg/day
(b) 10-20 mg/kg/day
(c) 20-40 mg/kg/day
(d) 2-5 mg/kg/day

17. The dose of I.N.H. in treatment of T.B. is:

(a) 10-20 mg/kg/day
(b) 2-5 mg/kg/day
(c) 20-40 mg/kg/day
(d) 40-60 mg/kg/day

18. One of the complications of I.N.H. treatment of T.B. is:

(a) Renal toxicity
(b) Peripheral neuritis
(c) Blindness
(d) Haemolysis

19. Tuberculin test is considered positive when:

(a) There is area of induration more than 7 mm
(b) Area of induration is more than 5 mm
(c) Area of induration is more than 1 cm
(d) Area of redness is more than 1 cm

20. The incubation period of measles is:

(a) 2-4 days
(b) 10-14 days
(c) 14-21 days
(d) 1-2 days

21. The pathognomonic sign of measles during the prodromal stage is:

(a) Erythema marginatum
(b) Koplik's spots
(c) Erythema nodosum
(d) Vesicle in the face

22. All the following incubation periods are true except:

(a) Chicken pox: 10 days
(b) Measles: 14 days
(c) German measles: 21 days
(d) Hepatitis A: 2-6 weeks
(e) Mumps: 14-21 days

23. In Poliomyelitis all the following are true except:

(a) Paralytic polio is more likely to occur after intramuscular injection
(b) Physical exertion during incubation period may predispose to paralysis
(c) Sometimes polio infection is aborted after the prodromal phase
(d) Muscle affection is bilateral and symmetrical
(e) Tonsillectomy predisposes to bulbar polio

24. The incubation period of rubella is approximately:

(a) 5 to 7 days
(b) 7 to 10 days
(c) 12 to 14 days
(d) 18 to 21 days

25. The rash of rubella appears first on the:

(a) Face
(b) Hands
(c) Chest
(d) Skin folds
(e) Back

26. The incubation period of diphtheria is about:

(a) 2 to 7 days
(b) 7 to 10 days
(c) 10 to 14 days
(d) 3 weeks
(e) None of the above

27. Uncomplicated measles is usually associated with a:

(a) Leukopenia
(b) Leukocytosis
(c) Profound anemia
(d) Eosinophilia

28. Complications of measles include:

(a) Pneumonia
(b) Otitis media
(c) Encephalitis
(d) DIC
(e) All of the above

29. Death following measles is usually due to:

(a) Encephalitis
(b) Pneumonia
(c) Myocarditis
(d) Gastroenteritis

30. The immune response to tuberculin testing is due to:

(a) Atopy
(b) Cell mediated immunity
(c) Autoimmunity
(d) None of the above

31. The BCG vaccine is given as follows in children:

(a) 0.5 ml intramuscularly in the anterolateral aspect of the thigh
(b) 0.5 ml subcutaneously in the right upper arm
(c) 0.1 ml intradermally at the insertion of the left deltoid muscle
(d) 3 doses orally

32. The hepatitis B vaccine is given as follows:

(a) Single dose at the age of 9 months
(b) Two doses 2 months a part
(c) Three doses; the second after one month from the first and the third after 5 months from the second
(d) None of the above

33. The DPT vaccine has got some side effects which include:

(a) Fever
(b) Local reactions like pain and erythema
(c) Irritability
(d) All of the above

34. Oral polio vaccine is made of:

(a) Killed virus
(b) Live attenuated virus
(c) Wild virus
(d) None of the above

35. The salk polio vaccine is in the form of:

(a) Intramuscular live attenuated vaccine
(b) Oral live attenuated vaccine
(c) Intramuscular killed vaccine
(d) Subcutaneous inactivated vaccine

36. The measles vaccine is composed of:

(a) Live attenuated measles virus
(b) Heat killed measles virus
(c) Phenol killed measles virus
(d) None of the above

37. The DPT vaccine consists of:

(a) Live attenuated pertussis bacteria + tetanus and diphtheria toxoids
(b) Killed pertussis bacteria + tetanus and diphtheria toxins
(c) Killed pertussis bacteria + live attenuated tetanus and diphtheria bacteria
(d) Killed pertussis bacteria + tetanus and diphtheria toxoids

38. Proper polio vaccination needs:

(a) Preservation of the cold chain
(b) Giving booster doses
(c) Making sure that infant did not vomit the vaccine
(d) All of the above

39. The compulsory vaccination schedule includes giving the infant at the age of 18 months:

(a) The BCG vaccine
(b) Measles vaccine
(c) A booster dose of polio vaccine, DPT and MMR
(d) The typhoid vaccine

40. Poliomyelitis is characterized by:

(a) Flaccid paralysis in an asymmetric spotty distribution
(b) Bilateral symmetrical hypotonia and hyporeflexia
(c) Spastic quadriplegia
(d) Limb paralysis with sensory affection

41. Respiratory complications of poliomyelitis may be due to:

(a) Paralysis of the diaphragm and intercostal muscles
(b) Central affection of the respiratory center in the medulla oblongata
(c) Stasis of secretion in the lungs due to immobilization
(d) All of the above

42. Among the complications of poliomyelitis:

(a) Respiratory failure
(b) Acute urinary retention
(c) Limb deformities and contractures
(d) All of the above

43. The acute stage of polio-paralysis lasts for:

(a) 3 weeks (b) 3 months
(c) 3 years (d) 3 days

44. In poliomyelitis the limb exercise should start:

(a) After the acute stage ends
(b) When joint deformities start
(c) One year after the start of paralysis
(d) Immediately after the diagnosis

45. Among the complications of mumps are:

(a) Orchitis
(b) Encephalitis
(c) Pancreatitis
(d) All of the above
(e) None of the above

46. The complications of measles include:

(a) Pneumonia
(b) Gastroenteritis
(c) Flaring of a dormant tuberculous focus
(d) Malnutrition
(e) All of the above

47. Scarlet fever is caused by:

(a) Viral infection
(b) Gram negative bacilli
(c) Group A B-hemolytic streptococci
(d) Staphylococcus albus
(e) None of the above

48. The complications of whooping cough include:

(a) Hemoptysis
(b) Pneumothorax
(c) Convulsions
(d) Pneumonia
(e) All of the above

49. Chicken pox is caused by:

(a) Varicella virus
(b) Gram positive bacteria
(c) Chlamydia
(d) None of the above

50. The complications of chicken pox include:

(a) Secondary bacterial infection of skin lesions
(b) Purpura fulminans with hemorrhagic lesions
(c) Cerebellitis
(d) All of the above

51. The skin lesions in chicken pox:

(a) Start on the trunk and include papules, vesicles, and crusts
(b) Start on the limbs and include papules, vesicles, and crusts
(c) Start on the trunk and consists of only one type of rash at a time
(d) Start on the limb and include only one type of rash at a time

52. Pruritis is associated with the skin lesions of:

(a) Scabies
(b) Chicken Pox
(c) Urticaria
(d) All of the above

53. The prodroma of measles is characterized by:

(a) Koplik's spots on the buccal mucosa
(b) Fever
(c) Conjunctivitis
(d) Rhinitis
(e) All of the above

54. The prodroma of measles usually lasts for:

(a) 24 hours
(b) 10 days
(c) 14 days
(d) 3-5 days
(e) None of the above

55. Congenital rubella syndrome includes:

(a) Microcephaly
(b) Cataract
(c) Congenital heart disease
(d) All of the above

56. Toxoplasma infection during pregnancy may cause:

(a) Silent infection in the mother
(b) Hydrocephalus in the infant
(c) Intracranial calcifications
(d) Hepatocellular jaundice in the infant
(e) All of the above

57. Congenital cytomegaloviral infection may manifest by:

(a) Chorioretinitis
(b) Hepatosplenomegaly and jaundice
(c) Microcephaly and intracranial calcifications
(d) Deafness
(e) All of the above

58. The best therapy for streptococcal throat infection is:

(a) Chloramphenicol for 10 days
(b) Penicillin for 10 days
(c) Gentamicin for 5 days
(d) Rifampicin for one week

59. A precipitating factor in polio paralysis is:

(a) Hot weather
(b) Obesity
(c) Intramuscular injection
(d) Previous vaccination

60. Poliomyelitis:

(a) Causes symmetrical polyneuritis
(b) Is a viral infection affecting the neuromuscular junctions
(c) Is characterized by spastic paralysis
(d) Is preceded by a non specific flue like illness

61. Miliary tuberculosis:

(a) Is a primary tuberculous infection
(b) Is due to blood stream spread
(c) Is a self limited illness
(d) Never affects young children

62. Tuberculin test is not helpful in the diagnosis of tuberculosis in:

(a) An infant younger than 3 months
(b) Miliary tuberculosis
(c) Immune compromised children
(d) All of the above

63. Acute gastroenteritis in infancy is mainly due to:

(a) Rota virus infection
(b) Teething
(c) Spicy food intake
(d) Anaemia

64. Microcephaly is feature of each of the following except:

(a) Congenital rubella
(b) Congenital cytomegalovirus infection
(c) Stenosis in the aqueduct of Sylvius
(d) Phenylketonuria

65. Permanent deafness may follow all of the following except:

(a) Scarlet fever
(b) Mumps
(c) Meningitis
(d) Rubella
(e) Use of streptomycin

66. Oxyuriasis is caused by:

(a) Enterobius vermicularis
(b) Toxocara canis
(c) Trichuris trichura
(d) Ancylostoma duodenale
(e) None of the above

67. False tuberculin negative test is caused by all of the following except:

(a) Corticosteroids
(b) Malnutrition
(c) Immunodeficiency
(d) Idiopathic thrombocytopenic purpura

68. Obligatory vaccination in Egypt during the first year includes all of the following except

(a) BCG
(b) DPT
(c) Polio vaccine
(d) Meningococcal vaccine
(e) Measles vaccine

69. Among the causes of immune deficiency in children are:

(a) Malnutrition
(b) Congenital hypogammaglobulinemia
(c) Corticosteroids therapy
(d) Nephrotic syndrome
(e) All of the above

70. Which one of the following has the shortest incubation period:

(a) Diphtheria
(b) Measles
(c) German measles
(d) Chickenpox

71. Poliomyelitis is characterized by all except:

(a) Can be asymptomatic
(b) Hypertension may occur
(c) Sensory loss is common
(d) Urinary retention may occur
(e) Muscle wasting

72. Chicken pox is characterized by all of the following except:

(a) I.P. 2-3 weeks
(b) Centripetd rash
(c) Rash never vesicular
(d) Rash is pleomorphic

73. The most common cause of viral gastroenteritis in infants is:

(a) Echo virus
(b) Rota virus
(c) Coxsackie virus
(d) Adenovirus
(e) ParvovirusB-19

74. Which of the following viruses cause sclerosing panencephalitis

(a) Rubella
(b) Epstein-Barr
(c) Herpes simplex
(d) Herpes zoster
(e) Measles

75. All the following are recognized complications of chickenpox except:

(a) Reye's syndrome
(b) Encephalitis
(c) Pneumonia
(d) Hemorrhagic vesicles
(e) Orchitis

76. Entrobiasis (Entrobius vermicularis) is associated with all of the following except:

(a) It doesn't require a host other than the human and doesn't require soil for maturation
(b) Marked eosinophilia is a common manifestation
(c) Ova are infrequently seen in the stool
(d) There is no portal migration

77. Toxic dyspepsia (cholera infantum) is characterized by all except:

(a) Abrupt onset of severe vomiting and diarrhea
(b) Extreme toxicity
(c) Mild dehydration
(d) High fever or subnormal body temperature

78. Features of Hepatitis A virus infections include each of the following except:

(a) Incubation period 2-6 weeks
(b) Fever
(c) Nausea and vomiting
(d) Transmission by parenteral route only
(e) Elevation of serum bilirubin

79. When the mother contract German measles early in pregnancy, effects on the fetus may include the following:

(a) Thrombocytopenia
(b) Cataract
(c) Sensorineural deafness
(d) Patent ductus arteriosus
(e) All of the above

80. All of the following are causes of negative tuberculin test except:

(a) Severe protein energy malnutrition
(b) Corticosteroid therapy
(c) Hodgkin disease
(d) Severe bronchial asthma
(e) Measles infection

81. Bronchiolitis in infants is most often caused by which of the following:
(a) Respiratory syncytial virus
(b) Influenza virus
(c) Streptococcus pneumonia
(d) Mycoplasma pneumonia

82. All are true about BCG vaccine except:
(a) It is given intradermally
(b) It is prepared from a killed strain of M. bovis
(c) It is an obligatory vaccine in Egypt
(d) BCG is contraindicated in immunocompromised infants

83. All are true about Rubella in the 1st trimester except:
(a) Causes congenital deafness
(b) Causes intra uterine growth retardation
(c) Causes characteristic rash in the mother
(d) Causes cataract whether unilateral or bilateral
(e) Causes hydrocephalus

84. Complications of mumps in 3 years old boy may include the following except:
(a) Meningoencephalitis
(b) Orchitis
(c) Pancreatitis
(d) Myocarditis
(e) Nephritis

85. The most common cardiac anomaly in congenital rubella syndrome is:
(a) Pulmonary stenosis
(b) Coarctation of aorta
(c) PDA (patent ductus arteriosus)
(d) ASD

86. Which statement regarding mumps is not true:
(a) Is acquired through droplet transmission
(b) Raised serum amylase can occur
(c) Affected children are infectious till disappearance of the salivary gland swellings
(d) Its incubation period is 2-3 weeks
(e) Orchitis is more frequently encountered when the disease affect prepubertal persons

87. In chicken pox, all are true except:
(a) Is caused by the same virus that causes herpes zoster
(b) Presents with vesicles mainly on the arms and legs
(c) May be complicated by cerebellar ataxia
(d) Should be treated with an immunoglobulin injection in immune deficient individuals

88. In mumps all are true except:

(a) Is caused by an enterovirus

(b) Is commonly manifest by a mild non-specific illness

(c) Is the predominant cause of acute parotitis

(d) Is a cause of sensorineural deafness

89. In pertussis (whooping cough), all are true except:

(a) Seldom occurs in the first 3 months of life

(b) Typically commences with a catarrhal phase

(c) Is associated with increased blood lymphocyte count

(d) Treated with erythromycin

(e) Is a cause of persistent vomiting

90. The most common organism that causes otitis media in children is:

(a) Streptococci (b) Staphylococci

(c) Haemophilus influenza (d) Pseudomones

(e) E coli

91. All the following are common about HAV infection except:

(a) Short IP about 15-50 days

(b) Frequent extrahepatic manifestations

(c) Fecoral route

(d) Transient elevation of liver enzymes

92. Each of the following has been associated with congenital infection except:

(a) Toxoplasma Gondii

(b) Rubella virus

(c) Herpes simplex

(d) Rota virus

93. All is correct about Measles except:

(a) Encephalitis is one of the complication

(b) Rash is maculopapular

(c) Rash appears at the 4th day

(d) Measles vaccine lead to fever at the 7-8 days

(e) Koplik's spots appear before rash

94. A false statement about chickenpox is:

(a) Rash is pleomorphic

(b) Rash is never itchy

(c) Prodroma is short

(d) Incubation period is 2-3 weeks

(e) All of the above

95. All are false about poliomyelitis except:

(a) Sensory loss is common
(b) Urinary retention may occur
(c) Positive Babinski sign
(d) Incubation period is 18-21 days
(e) Exaggerated deep tendon reflexes

96. In hypertonic dehydration, the following are true except:

(a) The tongue is parched
(b) Skin elasticity is preserved
(c) Anterior fontanel is depressed
(d) The infant is irritable
(e) Shock occurs early

97. Which of the following is a false statement:

(a) Measles is a serious disease that may be complicated by bronchopneumonia
(b) Prodromal symptoms precede the appearance of the rash by 3- 5 days
(c) Fever drops abruptly on appearance of the rash
(d) The rash is maculopapular
(e) The patient should be isolated for 5 days after the onset of the rash

98. A false statement about dehydration is:

(a) There is loss of weight
(b) Very poor skin turgor is noticed in hypertonic dehydration
(c) Serum sodium is below 135 mEq/L in hypotonic dehydration
(d) Shock occurs early in the hypotonic variety
(e) None of the above

99. Routine active immunization by DPT is at:

(a) 2, 4 and 6 months
(b) 1, 2 and 3 months
(c) 5, 7 and 9 months
(d) 1, 2 and 3 years
(e) None of the above

100. Group A Beta hemolytic streptococcal infections include:

(a) Scarlet fever
(b) Pneumonia
(c) Sinusitis
(d) Nasopharyngitis
(e) All of the above

101. Select the true statement about Sabin vaccine:

(a) Is a heat killed vaccine
(b) Administered routinely with DPT
(c) Administered subcutaneously
(d) Does not need special storage concerns
(e) It is a monovalent vaccine

102. One statement is true about BCG vaccine:

(a) It is a live attenuated vaccine
(b) It is injected subcutaneously
(c) Immunity is achieved after 1 week
(d) It is given with measles vaccine at 9 months of age
(e) Gives solid immunity

103. Salk vaccine:

(a) Is live attenuated virus vaccine
(b) Is injected intramuscularly
(c) Leads to local intestinal immunity
(d) Gives more immunity than that given by Sabin vaccine

104. The correct statement about obligatory immunization schedule in Egypt is:

(a) Oral polio vaccine is given at 4,6,8 months of age
(b) A booster dose of DPT is given at the age of 18 months
(c) Measles vaccine is given subcutaneously at the age of 12 months
(d) Hepatitis B vaccine is not obligatory

105. Rubella is characterized by all of the following except:

(a) Photophobia
(b) Rash starts on face
(c) Less contagious than chickenpox
(d) Retro-auricular and posterior cervical adenitis
(e) Effective transplacental immunity for about five months

106. Which of the following is not characteristic of varicella?

(a) Lesions appear in crops over a period of 3 to 4 days
(b) Distribution of rash is predominantly on the extremities
(c) The rash is characteristically papulo-vesicular which may pustulate
(d) Pruritis is a constant and annoying character of the rash
(e) Prodromal stage is very mild, and may be very short to be noticed

107. One statement is false about BCG vaccine:

(a) Gives solid immunity
(b) It is injected intradermally over the left deltoid region
(c) BCG can be given in the 1st week of life
(d) Should not be given to immunodeficient children

108. Common complications of chicken pox include all except:

(a) Bacterial infection of skin lesions
(b) Pneumonia
(c) Orchitis
(d) Cerebellar ataxia

109. All are true about varicella except:

(a) Infectivity starts 24 hours before rash appears
(b) Prodromal stage may be passed unnoticed
(c) The rash is pleomorphic
(d) The rash does not affect the mucous membrane
(e) Cerebellar ataxia may be a complication

110. All are true about the rash of chicken pox except:

(a) It appears 24 hours after the prodromal stage
(b) It leaves a permanent scar
(c) It is pleomorphic
(d) It appears mostly on the trunk

111. Regarding Amebiasis:

(a) It is one of the common protozoal infection in children
(b) Mostly asymptomatic
(c) Renal amebiasis results from portal circulation dissemination
(d) Metronidazole is the treatment of choice
(e) Food handlers are the main source of infection

112. Which of the following infections typically has an incubation period of less than 2 weeks:

(a) Mumps
(b) Varicella
(c) Rubella
(d) Measles

113. Poliomyelitis is transmitted by:

(a) Fecooral route and respiratory droplets
(b) Skin contact
(c) Blood contamination
(d) None of the above

114. Isolation of a patient with poliomyelitis should be:

(a) 5-6 weeks
(b) 5-6 days
(c) 6-8 weeks
(d) 6-8 days

115. Complications of pertussis include all of the following except:

(a) Seizures
(b) Pneumonia
(c) Bronchiectasis
(d) Bone marrow depression
(e) Subconjunctival hemorrhage

116. Characteristics of pertussis include all of the following except:

(a) The disease may occur in the neonatal period
(b) The catarrhal stage is characterized by high fever
(c) Paroxysmal stage follow the catarrhal stage
(d) Mortality is highest in young infants
(e) Transmission is by droplet infection or through direct contact with infected persons

117. The clinical manifestations of mumps are characterized by all of the following except:

(a) Unilateral parotitis is more frequent than bilateral affection
(b) Orchitis usually occurs after puberty
(c) Submaxillary or sublingual salivary glands may be involved
(c) Mumps orchitis may cause sterility in adolescence
(e) Pancreatitis is common complication in children than in adults

118. Congenital rubella is associated with which of the following:

(a) Intra uterine growth retardation
(b) Cataracts
(c) Congenital heart disease
(d) Deafness
(e) All of the above

119. Regarding Mumps, all are true except:

(a) Occurs mostly in late winter and spring
(b) Is called epidemic parotitis
(c) Peak incidence in school age children (5-10 year)
(d) Is called endemic parotitis
(e) May be complicated with pancreatitis

120. Emergency lines of treatment in diphtheria include all except:

(a) Anti-toxin as early as possible
(b) Antibiotics
(c) Nasogastric tube feeding in bulbar palsy
(d) Tracheostomy in severe strider
(e) DPT vaccination

121. Which of the following statements about mumps is a false one?

(a) Incubation period is 2-5 days
(b) Parotids are the most commonly involved salivary glands
(c) Orchitis occurs in adolescent patients
(d) Serum amylase is usually elevated

122. Vitamin B6 is needed for tuberculous patients receiving:

(a) Rifampicin
(b) INH
(c) Streptomycin
(d) PAS
(e) Ethambutol

123. Mark the incorrect statement:

(a) Booster doses of sabin vaccine are given at 1½, 3 and 6, years
(b) Recombinant hapatitis B vaccine is injected intramuscularly
(c) Children with malnutrition should not be vaccinated
(d) Measles vaccine may reactivate a tuberculous focus

124. All the following are true for bacterial meningitis except:

(a) Increased CSF pressure
(b) Low CSF sugar
(c) Positive blood culture
(d) Elevated CSF proteins
(e) Early predominance of lymphocytes in spinal fluid

125. The best distinguishing feature of Roseola infantum from German measles is:

(a) Height and duration of fever preceding the rash
(b) Type of the rash
(c) Presence of lymphadenopathy
(d) Peripheral WBC count
(e) Response to treatment

126. The following are true about poliomyelitis except:

(a) Can lead to hypertension during the acute stage
(b) Asymmetric haphazard distribution of paralysis
(c) May cause loss of superficial sensations
(d) Commonly affects the adductors of the thigh.

127. Complications of poliomyelitis include all except:

(a) Renal calculi
(b) Nystagmus
(c) Foot drop deformity
(d) Acute gastric dilatation
(e) Depression

128. Mark the correct statement:

(a) Wet polio is managed by negative pressure respirator
(b) Polio sometimes leads to glove and stocking sensory loss
(c) Polio vaccine can be given at birth
(d) Respiratory droplet is the most common route of polio-infection

129. Mark the incorrect statement regarding poliomyelitis:

.(a) Poliovirus infects the anterior horn cells of the spinal cord
(b) CSF examination may reveal increased protein and diminished cells
(c) Sabin vaccine should be kept in a cold chain till used
(d) I.M injections are contraindicated during polio-infection

130. Respiratory poliomyelitis is due to:

(a) Diaphragmatic paralysis
(b) Affection of the 9-12th cranial nerves
(c) Respiratory center affection in the medulla oblongata
(d) Immobilization and stasis of pulmonary secretions
(e) All of the above

131. The following are tools of polio-eradication except:

(a) Mass vaccination of all children below 5 years
(b) Isolation of acute cases for 6-8 weeks
(c) Notification of all cases of acute flaccid paralysis
(d) CSF examination for all febrile infants and children in endemic countries

132. The following could be manifestations of acute poliomyelitis except:

(a) Hypertension
(b) Loss of neck support
(c) Acute urinary retention
(d) Loss of pain sensation
(e) Palatal paralysis

133. Complications of measles include all of the following except:

(a) Acute Pancreatitis
(b) Bronchopneumonia
(c) Laryngo-tracheo-bronchitis
(d) Activation of a dormant TB focus
(e) Subacute sclerosing pan-encephalomyelitis

134. Which of the following is not correct:

(a) Group B-hemolytic streptococci cause neonatal sepsis
(b) Measles infection is commonly complicated by acute pancreatitis
(c) Mumps may be complicated by meningo-encephalitis
(d) Erythema infectiosum is caused by human parvovirusB-19
(e) Ophthalmia neonatorum may be caused by Chlamydia

135. All are suppurative complications of group A beta hemolytic streptococci except:

(a) Sinusitis.
(b) Meningitis
(c) Pneumonia.
(d) Rheumatic fever
(e) Osteomylitis

136. The drug of choice for scarlet fever is:

(a) Tetracycline
(b) Penicillin
(c) Chloramphenicoal
(d) Rifampicin

137. ASOT of 200 Todd units:

(a) Is highly suggestive of rheumatic fever
(b) Indicates recent streptococcal infection
(c) Excludes the presence of any rheumatic activity
(d) All of the above
(e) None of the above

138. Long acting penicillin is given for prophylaxis against recurrent streptococcal infections in Rheumatic valvular heart disease every:

(a) One month
(b) 2 weeks
(c) 3 weeks
(d) One week

139. CSF examination of a child with bacterial meningitis can demonstrate the following except:

(a) Increased protein
(b) Increased glucose
(c) Increased cells, mainly neutrophils
(d) Turbid
(e) Under tension

140. The CSF in bacterial meningitis is characterized by:

(a) Increased pressure
(b) Glucose more than 50 mg/dl
(c) Cytoalbuminous dissociation
(d) Protein concentration ranges from 30-40 mg/dl

141. Maculopapular rash characterizes the following infections except:

(a) Measles
(b) Chicken pox
(c) German measles
(d) Roseola infantum
(e) Infectious mononucleosis

142. Complications of diphtheria include all of the following except:

(a) Myocarditis
(b) Endocarditis
(c) Soft palate paralysis
(d) Polyneuritis
(e) Ocular paralysis

143. The infectious agent in infectious mononucleosis is:

(a) Cytomegalo virus
(b) Toxoplasma gondii
(c) Varicella-zoster virus
(d) Ebstein-Barr virus

144. Infectious mononucleosis is characterized by all the following except:

(a) Infection is transmitted by kissing and exchange of saliva
(b) Sabin-Feldman test becomes positive in the second week of illness
(c) Splenomegaly is observed in approximately 50% patients
(d) Enlarged tender liver is found in about one third of patients
(e) Generalized lymphadenopathy of gradual onset is characteristic

145. Infectious mononucleosis is characterized by:

(a) Bacterial etiology
(b) Lymphadenopathy
(c) Lymphopenia
(d) All of the above
(e) None of the above

146. Erythema infectiosum is characterized by all except:

(a) The incubation period is about 1 week
(b) A four days prodroma of high fever, bronchitis and conjunctivitis is characteristic
(c) Erythematous patches suddenly appear on the face, giving the picture of slapped check
(d) Erythematous maculo-papular rash appear on the trunk and limbs
(e) No treatment is needed

147. Which of the following is false regarding scarlet fever?

(a) Acute onset of hyperpyrexia, chills, headache, and pharyngitis
(b) A diffuse fine maculo-papular erythematous rash appears about 24 hours after symptoms
(c) By the end of the 1st week, desquamation of the skin begins, which involves the hands and feet
(d) Post-streptococcal glomerulonephirtis may occur despite treatment
(e) Treatment of choice is Garamycin 5 mg/kg/day

148. Manifestation of post-diphtheritic palatal paralysis include all the following except:

(a) Difficult swallowing
(b) Exaggerated jaw reflex
(c) Absent palatal and pharyngeal reflexes
(d) Usually occurs on the 3rd week of the disease
(e) Nasal tone of speech and nasal regurge of fluids

149. In scarlet fever, the blood count is expected to show:

(a) Leukocytosis and lymphocytosis
(b) Leukocytosis with 80 percent polymorphonuclear cells
(c) Mild anemia and pancytopenia
(d) Leukopenia and anemia
(e) Leukemoid reaction

150. Erythema infectiosum is caused by:

(a) Rhino virus
(b) Adenovirus
(c) Parvovius B-19
(d) Parainfluenza virus
(e) Human herpes virus 6

151. Roseola infantum is caused by the following agent:

(a) Coxsackie virus
(b) Parvovirus B-19
(c) Varicella-zoster virus
(d) Human herpes virus 6
(e) Mycoplasma

KEY:

1.	(b)	2.	(c)	3.	(c)	4.	(c)	5.	(b)
6.	(d)	7.	(d)	8.	(e)	9.	(e)	10.	(c)
11.	(a)	12.	(b)	13.	(b)	14.	(b)	15.	(b)
16.	(b)	17.	(a)	18.	(b)	19.	(c)	20.	(b)
21.	(b)	22.	(a)	23.	(d)	24.	(d)	25.	(a)
26.	(a)	27.	(a)	28.	(e)	29.	(b)	30.	(b)
31.	(c)	32.	(c)	33.	(d)	34.	(b)	35.	(c)
36.	(a)	37.	(d)	38.	(d)	39.	(c)	40.	(a)
41.	(d)	42.	(d)	43.	(a)	44.	(a)	45.	(d)
46.	(c)	47.	(c)	48.	(e)	49.	(a)	50.	(d)
51.	(a)	52.	(d)	53.	(e)	54.	(d)	55.	(d)
56.	(e)	57.	(e)	58.	(b)	59.	(c)	60.	(d)
61.	(b)	62.	(d)	63.	(a)	64.	(c)	65.	(a)
66.	(a)	67.	(d)	68.	(d)	69.	(e)	70.	(a)
71.	(c)	72.	(c)	73.	(b)	74.	(e)	75.	(e)
76.	(b)	77.	(c)	78.	(d)	79.	(e)	80.	(d)
81.	(a)	82.	(b)	83.	(e)	84.	(b)	85.	(c)
86.	(e)	87.	(b)	88.	(a)	89.	(a)	90.	(c)
91.	(b)	92.	(d)	93.	(d)	94.	(b)	95.	(b)
96.	(e)	97.	(c)	98.	(b)	99.	(a)	100.	(e)
101.	(b)	102.	(a)	103.	(b)	104.	(b)	105.	(a)
106.	(b)	107.	(a)	108.	(c)	109.	(d)	110.	(b)
111.	(c)	112.	(d)	113.	(a)	114.	(c)	115.	(d)
116.	(b)	117.	(a)	118.	(e)	119.	(d)	120.	(e)
121.	(a)	122.	(b)	123.	(c)	124.	(e)	125.	(c)
126.	(c)	127.	(b)	128.	(c)	129.	(b)	130.	(e)
131.	(d)	132.	(d)	133.	(a)	134.	(b)	135.	(d)
136.	(b)	137.	(e)	138.	(b)	139.	(b)	140.	(a)
141.	(b)	142.	(b)	143.	(d)	144.	(b)	145.	(b)
146.	(b)	147.	(e)	148.	(b)	149.	(b)	150.	(c)
151.	(d)								

Cardiology

1. Arthritis of rheumatic fever is characterized by:

(a) Joint deformities
(b) Small joints affection
(c) Migratory arthritis
(d) None of the above

2. Rheumatic arthritis is treated by:

(a) Salicylates
(b) Haloperidol
(c) Corticosteroids
(d) Phenobarbitone

3. Rheumatic carditis is treated by:

(a) Corticosteroids
(b) Phenobarbitone
(c) Analgesics
(d) Chloramphenicol

4. The daily dose of corticosteroids (prednisone) in rheumatic carditis is:

(a) 10-20 mg/kg body weight
(b) 20-40 mg/kg
(c) 5-10 mg/kg
(d) 2 mg/kg

5. Rheumatic chorea is characterized by:

(a) Voluntary purposeful movements
(b) Involuntary purposeless movements
(c) Wing beating convulsions
(d) None of the above

6. Rheumatic chorea is treated by:

(a) Salicylates
(b) Phenobarbitone
(c) Digoxin
(d) Lasix

7. One of the diagnostic skin lesions of active rheumatic fever is:

(a) Erythema nodosum
(b) Erythema marginatum
(c) Vesicular skin eruptions
(d) Erythema multiform

8. One of the congenital cyanotic heart diseases is:

(a) A.S.D.
(b) Fallot's Tetralogy
(c) P.D.A.
(d) V.S.D.

9. The most common clinical presentation of VSD is:

(a) Cyanosis
(b) Repeated chest infections
(c) Hemoptysis
(d) Squatting position

10. Heart failure is treated by:

(a) Corticosteroids (b) Digoxin
(c) Penicillins (d) Salicylates

11. All are true about rheumatic fever except:

(a) Recurrence is common
(b) Is commonest between ages of 5-15 years
(c) Follows an upper respiratory tract infection by group A-β-hemolytic streptococci
(d) Is treated by corticosteroids even if arthritis is the only manifestation
(e) Rheumatic arthritis does not result in permanent damage of the affected joint

12. All the following may be signs of active carditis in a child with rheumatic heart disease except:

(a) Cardiomegaly
(b) Gallop rhythm
(c) Evidence of pericardial effusion
(d) Appearance of new murmurs or change in the character of already present one
(e) Epistaxis

13. In rheumatic chorea, all are true except:

(a) Movements cease or decrease during sleep
(b) Is a self limited condition
(c) Is associated with hypotonia
(d) Is always accompanied by signs of active carditis, arthritis and elevated ESR
(e) Is accompanied by emotional changes in the patient

14. Recognized features of Fallot's tetralogy include all except:

(a) Cyanosis
(b) Pulmonary oligemia
(c) Murmur of pulmonary stenosis
(d) Murmur of VSD

15. Which of the following statements is true in children:

(a) The first heart sound is normally split
(b) The second heart sound is normally split
(c) Gallop rhythm may be a normal finding
(d) The first heart sound is due to closure of the semiluner valves
(e) The second heart sound is due to closure of the atrioventricular valves

16. Which of the following statements concerning the measurement of blood pressure in children is true?

(a) With cuff technique blood pressure is normally lower in the leg than in the arm
(b) Blood pressure measurements cannot be obtained until the age of 3years
(c) A single BP reading is sufficient to diagnose hypertension
(d) BP norms are the same for children and adults
(e) Using a cuff that is too small will result in a falsely high reading too large will result in a falsely low reading

17. In which of the following situations is further clinical evaluation indicated?

(a) A newborn with a heart rate of 130/ min
(b) A 2-years old with a heart rate of 110/ min
(c) A newborn with a pulse rate of 90/min during sleep
(d) A 2-months old infant with a pulse rate of 130/ min
(e) A crying 2 months-old infant with a pulse rate of 260/ min (>200)

18. VSD is commonly presented with:

(a) Signs of CHF
(b) Small septal defect with trivial left to right shunt (asymptomatic)
(c) Cyanosis
(d) Chronic bronchitis

19. The type of penicillin used as a prophylaxis against streptococcal throat infection in rheumatic fever is:

(a) Penicillin G
(b) Benzathin penicillin
(c) Procain penicillin
(d) Ampicillin

20. Signs and symptoms of moderate VSD include all except:

(a) Tachypnea and dyspnea
(b) Feeding difficulties
(c) Slow growth
(d) Higher risk for pulmonary infection
(e) Central cyanosis

21. Which of the following statements about bacterial endocarditis is false:

(a) A congenital heart disease is a predisposing factor
(b) Children usually present acutely with high fever
(c) The spleen may be enlarged and tender
(d) Clubbing of fingers develops after 5 – 6 weeks
(e) Treatment requires 4-6 weeks of intravenous antibiotic therapy

22. Which of the following establish a diagnosis of rheumatic fever

(a) Carditis, alone
(b) Carditis and arthralgia
(c) Polyarthritis, fever and evidence of recent strept infection
(d) Carditis, polyarthritis, and evidence of recent strept infection
(e) Prolonged P-R interval, fever, and arthalgia

23. Investigations that aid in the diagnosis of rheumatic fever include:

(a) Elevated antistreptolysin O-titre (ASOT)
(b) Decreased serum sodium
(c) Elevated serum cholesterol
(d) Deficient level of IgM
(e) All of the above

24. Among the signs of active rheumatic carditis is:

(a) Soft tender splenomegaly
(b) Tachycardia out of proportion to fever
(c) Splinter hemorrhages of the nails
(d) Pale clubbing of the fingers
(e) None of the above

25. The following is necessary to diagnose congestive heart failure in children:

(a) Bradycardia
(b) Tender hepatomegaly
(c) Hypothermia
(d) Polyuria

26. The murmur of aortic incompetence is:

(a) A soft ejection systolic murmur
(b) A harsh pan-systolic murmur
(c) A soft early diastolic murmur
(d) A harsh ejection systolic murmur
(e) None of the above

27. The following help in the diagnosis of aortic incompetence:

(a) Collapsing water-hammer pulse
(b) Femoral pistol shot
(c) Wide pulse pressure
(d) Corrigan's sign
(e) All of the above

28. The organism responsible for the development of rheumatic fever is:

(a) Group B streptococcus
(b) Pneumococci
(c) Staphylococcus aureus
(d) Group A β-hemolytic streptococcus
(e) None of the above

29. Infective endocarditis is suspected if there is:

(a) Splenomegaly
(b) Fever and toxemia
(c) Microscopic hematuria
(d) Painful nodes at the finger tips
(e) All of the above

30. To prevent infective endocarditis in a child with rheumatic heart:

(a) Any surgical manipulations like tooth extraction are to be avoided
(b) Sport and exercises are forbidden
(c) Surgical manipulations should be covered by broad spectrum antibiotics
(d) Preservatives and artificial colourings in food should be prevented
(e) All of the above

31. The propagation of the murmur of mitral incompetence is as follows:

(a) All over the precordium
(b) Along the left sternal border
(c) Towards the apex
(d) Towards the axilla
(e) None of the above

32. ESR is increased in the following cases except:

(a) Anemia
(b) Congestive heart failure
(c) Chronic infections
(d) Neoplastic diseases
(e) Inflammatory conditions

33. All the following are associated with acute rheumatic fever except:

(a) Joint pain
(b) Erythema nodosum
(c) Fever
(d) High ESR

34. Manifestations of rheumatic carditis include all of the following except:

(a) Tachycardia
(b) Muffled heart sounds
(c) Gallop rhythm
(d) Pericardial rub
(e) Accentuated second heart sound

35. In VSD, all are true except:

(a) Pulmonary hypertension may occur
(b) The murmur is soft ejection in character
(c) There is palpable systolic thrill
(d) With pulmonary hypertension there is palpable 2nd sound

36. The following are typical of Fallot's tetralogy except:

(a) Pulmonary and aortic stenosis are combined with VSD
(b) Finger clubbing and central cyanosis are present
(c) The second heart sound is loud and single
(d) The chest x-ray and ECG are typically abnormal
(e) Right ventricular hypertrophy

37. Mal-development of the endocardial cushions may result in the following except:

(a) An atrial septal defect
(b) A ventricular septal defect
(c) Deformity of the mitral valve
(d) Deformity of the tricuspid valve
(e) Deformity of the aortic valve

38. The following are major criteria of acute rheumatic fever except:

(a) Carditis
(b) Arthralgia
(c) Rh. chorea
(d) Subcutaneous nodules
(e) Erythema Margenatum

39. Most common congenital heart disease:

(a) F4
(b) ASD
(c) PDA
(d) VSD
(e) Transposition of great arteries (TGA)

40. Regarding arthritis of rheumatic fever, all are true except:

(a) Dramatic response to salicylate
(b) Fleeting in nature
(c) Affecting big joints
(d) No residual effect
(e) Normal ESR

41. Iridocyclitis is most likely associated with:

(a) Juvenile rheumatoid arthritis
(b) Slipped femoral epiphysis
(c) Rheumatic fever
(d) Henoch-Schölein purpura

42. Among the signs of rheumatic chorea are:

(a) Involuntary movements
(b) Hypotonia
(c) Psychologic changes
(d) Gait disturbance
(e) All of the above

43. The arthritis of rheumatic fever is characterized by:

(a) A fleeting character
(b) Acute onset
(c) Dramatic response to salicylates
(d) May be accompanied by active carditis
(e) All of the above

44. The most reliable index of persistent rheumatic activity following the course of acute rheumatic fever is the:

(a) Antistreptolysin O titer
(b) Temperature response
(c) Erythrocyte sedimentation rate
(d) Leukocytic count
(e) Urine albumin

45. Regarding aortic incompetence, all are true except:

(a) Collapsing pulse is felt on brachial artery
(b) Pistol shot is heard on femoral artery
(c) Systolic murmur is heard in the 2nd aortic area
(d) May be complicated by subacute bacterial endocarditis

46. Tetralogy of Fallot is composed of all the following except:

a) ASD
b) Big VSD
c) Pulmonary stenosis
d) Right ventricular hypertrophy
d) Over-riding of aorta

47. All the statements about VSD are true except:

(a) It causes a palpable thrill and systolic murmur along the lower left sternal border
(b) Leads to repeated chest infections
(c) It may be a cause of pulmonary hypertension
(d) It is one of the common defects causing cyanosis at birth

48. In an infant the most important noncardiac manifestation of digitalis toxicity is:

(a) Fever
(b) Dizziness

49. In mitral incompetence all are true except:

(a) Palpitations can occur early
(b) There is left ventricular dilatation
(c) 2nd heart sound is soft and muffled
(d) Pan systolic murmur is present on the apex and radiates to the axilla

50. Which of the following is not a feature of Sydenham's chorea

(a) A raised erythrocyte sedimentation rate
(b) Irregular semi-purposeful movements
(c) More common in females
(d) It is exaggerated by emotions

51. The most common congenital heart lesion in Down syndrome is:

(a) Common atrioventricular canal
(b) ASD
(c) VSD
(d) Fallot tetralogy

52. In Fallot tetralogy, all are true except:

(a) Cyanosis is dating since birth
(b) Squatting position relieves cyanotic spells
(c) Growth is usually affected
(d) Clubbing of fingers is due to tissue anoxia

53. A continuous murmur is often found in:

(a) Pulmonary A-V fistula
(b) Coarctation of the aorta
(c) Stenosis of the main trunk of the pulmonary artery
(d) Rupture of the sinus of valsalva
(e) PDA

54. One of the following infectious diseases results in fever associated with bradycardia:

(a) Bronchopneumonia
(b) Acute follicular tonsillitis
(c) Typhoid fever
(d) Acute bronchitis
(e) Pharyngitis

55. The murmur of mitral stenosis is:

(a) A mid diastolic murmur
(b) Propagated towards the axilla
(c) Accompanied by a systolic thrill
(d) All of the above
(e) None of the above

56. In Heart failure in infancy, all are true except:

(a) Presents with poor feeding
(b) Forehead sweating is common
(c) Is most commonly due to a large right to left shunt
(d) Is delayed while pulmonary vascular resistance remains high
(e) May improve spontaneously because of a secondary increase in pulmonary vascular resistance

57. Cyanotic congenital heart diseases include all the following except:

(a) Tricuspid atresia
(b) Truncus arteriosus
(c) Aortic stenosis
(d) Transposition of great arteries
(e) Fallot's tetralogy

58. Intense cyanosis visible soon after birth is suggestive of:

(a) PDA
(b) VSD
(c) ASD
(d) TGA (Transposition of the great arteries)

59. Congenital cyanotic heart diseases include all the following except:

a) Fallot's tetralogy
b) Single ventricle
c) Mitral valve prolapse
d) Transposition of great arteries

60. The following are true for erythema marginatum except:

(a) Geographic in pattern
(b) Evanescent
(c) Mainly trunkal
(d) Indicates severe active carditis
(e) Itchy

61. The following complication is rare in tetralogy of Fallot:

(a) Cerebral thrombosis
(b) Cyanotic spell
(c) Brain abscess
(d) Heart failure

62. All the following are considered major criteria (Jones' criteria) of rheumatic fever except:

(a) Chorea
(b) Subcutaneous nodules
(c) Increased PR interval on ECG
(d) Polyarthritis

63. In congestive heart failure, all are true except:

a) May manifest by respiratory distress
b) May be caused by cardiac arrhythmia
c) Treatment include after load reducing agents
d) Heart size never change
e) Electrolyte monitoring is essential

64. In tetralogy of Fallot, which statement is true:

a) Cyanosis is usually present at birth
b) Hypercyanotic attacks may be treated with beta blockers
c) The degree of cyanosis is determined by the degree of overriding of aorta
d) The heart has a characteristic snowman appearance on chest x-ray
e) The VSD is usually of muscular type

65. Treatment of infective endocarditis include the following except:

a) I.V. antibiotics
b) Anti-pyretics
c) Immunoglobulins
d) Steroids

66. One of the following is characterized by permanent central cyanosis since birth:

(a) Atrial septal defect (ASD)
(b) Patent ductus arteriosus (PDA)
(c) Fallot's tetralogy (F4)
(d) Coarctation of aorta
(e) Transposition of great arteries

67. Wide fixed splitting of 2nd heart sound characterizes:

(a) PDA
(b) ASD
(c) VSD
(d) F4
(e) TGA

68. The following characterize muscular VSD except:

a) The murmur is pan systolic
b) High incidence of spontaneous closure
c) Infective endocarditis commonly occurs on Rt. ventricular free wall
d) The murmur is soft
e) The patient has potential cyanosis

69. Pericardial effusion can be diagnosed by all the following except:

a) Muslims prayer position
b) Pulsus paradoxus
c) Accentuated heart sounds
d) Cardiomegaly with stenciled border on x-ray
e) Dullness outside the cardiac apex by percussion

70. In subacute bacterial endocarditis (SBE):

a) The commonest cause is staph. aureus
b) Finger clubbing occurs in the 1st week
c) No microscopic hematuria
d) Long acting penicillin is indicated to prevent SBE
e) Children with congenital heart are usually susceptible

71. From the complication of F4:

(a) Cerebral thrombosis
(b) Polycythemia
(c) Brain abscess
(d) All of the above

72. In Fallot tetralogy all are true except:

a) Presents with central cyanosis at birth
b) Palpation reveals right ventricular pulsation
c) Auscultation reveals single S2
d) Chest X-ray reveals lung oligemia
e) Cyanotic spells are common

73. All the following investigations help to diagnose rheumatic conditions except:

(a) ECG
(b) ECHO cardiogram
(c) Cardiac catheterization
(d) ESR
(e) ASOT

74. The arthritis of rheumatic fever is characterized by:

a) Migratory character
b) Affection of big joints
c) Dramatic response to salicylate
d) High ESR
e) All of the above

75. The following helps in diagnosis of aortic incompetence except:

a) Water hammer pulse
b) Femoral pistol short
c) Systolic thrill over the base of heart radiating to the neck
d) Wide pulse pressure
e) Corrigan sign

76. Tetralogy of Fallot is associated with the following except:

a) Membranous VSD
b) Left to right shunt
c) Right sided aortic arch.
d) Pulmonary obstruction
e) Right to left shunt

77. Manifestations of left ventricular failure are all of the following except:

a) Bilateral fine basal crepitations
b) Peripheral oedema
c) Rapid small volume pulse
d) Orthopnea
e) Paroxysmal nocturnal dyspnea

78. Heart failure is rarely seen in:

a) Cor pulmonale
b) Viral myocarditis
c) Rheumatic heart disease
d) Tetralogy of Fallot

79. Modified Jones' criteria for diagnosing rheumatic fever include all the following except:

a) Rheumatic chorea
b) Erythema nodosum
c) Arthritis
d) Carditis

80. All the following are associated with Fallot tetralogy except:

a) Pulmonary stenosis
b) Overriding of aorta
c) Left ventricular enlargement
d) Big membranous ventricular septal defect
e) Coeur en sabot shape on x-ray

81. All are true for hypertension in childhood except:

a) Is usually essential
b) Is commonly associated with coarctation of the aorta
c) Usually requires treatment
d) May be secondary to renal disease

82. Criteria of rheumatic carditis include all the following except:

a) Muffling of heart sounds
b) Tachycardia out of proportion of fever
c) Prolonged P-R interval
d) Cary coomb's murmur
e) Dorwaze murmur

83. An important sign of right ventricular failure is:

a) Paroxysmal nocturnal dyspnea
b) Tender hepatomegaly
c) Cough with expectoration of frothy blood tinged sputum
d) Basal crepitations on the lungs

84. Acrocyanosis occurs in:

a) Coarctation of aorta
b) Patent ductus arteriosus
c) Ventricular septal defect
d) All of the above
e) None of the above

85. Pulmonary plethora on a chest x-ray is seen in:

a) Tetralogy of Fallot
b) ASD
c) Tricuspid atresia
d) All of the above
e) None of the above

86. Rheumatic myocarditis is characterized by the following except:

a) Tachycardia out of proportion to fever
b) Depressed S-T segment
c) Prolonged P.R. interval
d) Muffled heart sound

87. A false statement about VSD is:

a) A systolic thrill is usually present over the left parasternal area
b) The murmur is a harsh pansystolic one
c) Small VSD of the muscular type usually closes spontaneously
d) Prophylaxis with long acting penicillin every month is indicated
e) None of the above

88. Cyanotic spells in F4 occurs due to:

a) Infundibular spasm of pulmonary artery
b) Aortic valve obstruction
c) Polycythemia
d) Reversal of shunt

89. Hills' sign occurs in:

a) Aortic incompetence
b) Aortic stenosis
c) Mitral stenosis
d) All of the above

90. All are features of Fallot's tetralogy except:

a) Cyanosis is central and peripheral
b) Pulmonary stenosis
c) Right ventricular hypertrophy
d) Cardiomegaly

91. The common presenting feature of heart failure in infants is:

a) Poor feeding and failure to thrive
b) Edema of the lower limbs
c) Ascitis
d) Orthopnea

92. All are true about rheumatic chorea except:

a) Temporal lobe affection
b) Occurs mainly in females
c) Acute phase reactants are usually normal
d) Sudden Jerky movements affects all limbs

93. Splinter hemorrhages in infective endocarditis affects:

(a) Cornea
(b) Skin
(c) Nails
(d) All of the above

94. The diagnostic ASOT titre indicative of recent streptococcal infection in children is:

(a) 200 Todd units
(b) 333 Todd units
(c) 250 Todd units
(d) 400 Todd units

95. Carey Coombs murmur is:

(a) An apical soft ejection systolic murmur
(b) An apical pansystolic soft murmur
(c) A parsternal rumbling murmur
(d) An apical transient mid diastolic soft rumbling murmur

96. High cardiac output failure is not caused by:

(a) Anemia
(b) Thyrotoxicosis
(c) Coarctation of the aorta
(d) Large arterovenous fistula
(e) All of the above

97. Heart failure in infancy and childhood can be due to:

(a) Hypertension
(b) Tachyarrhythmias
(c) Bradyarrhythmias
(d) Fluid overload
(d) All of the above

98. Infective endocarditis is rare with:

(a) VSD
(b) PDA
(c) ASD
(d) None of the above

99. The following is true about embolic manifestations in infective endocarditis except:

(a) Right sided emboli go to the brain
(b) Right sided emboli are common in addicts
(c) Renal emboli lead to microscopic hematuria
(d) Myocardial abscesses can occur

100. For primary prevention against rheumatic fever the following can be given except:

(a) Ten days penicillin
(b) A single IM injection of LAP
(c) Ampicillin for ten days
(d) Sulphonamides for seven days

101. The congenital heart that presents with easy fatigability, dyspnea, syncopal attacks, weak pulse is suggestive of:

(a) Congenital aortic stenosis
(b) PDA
(c) ASD
(d) Congenital aortic incompetence

102. Neonate with patent ductus has all the following except:

(a) Recurrent chest infection
(b) Dyspnea on exertion
(c) Eisenmenger's complex
(d) Machinery murmur on auscultation

103. A child with a large VSD has all of the following except:

a) Normal weight and height
b) Dyspnea
c) Recurrent chest infection
d) Heart failure may complicate the condition

105. Match cardiac lesions with characteristic murmurs:

(a)	Systolic murmur on the upper left sternal border	(1) PDA
(b)	Systolic and diastolic murmur on the left 2nd space	(2) ASD
(c)	Systolic murmur radiating to the base of the neck	(3) AS
(d)	Mid diastolic rumbling murmur on the apex	(4) MS

KEY:

1.	(c)	**2.**	(a)	**3.**	(a)	**4.**	(d)	**5.**	(b)
6.	(b)	**7.**	(b)	**8.**	(b)	**9.**	(b)	**10.**	(b)
11.	(d)	**12.**	(e)	**13.**	(d)	**14.**	(d)	**15.**	(b)
16.	(e)	**17.**	(e)	**18.**	(b)	**19.**	(b)	**20.**	(e)
21.	(b)	**22.**	(d)	**23.**	(a)	**24.**	(b)	**25.**	(b)
26.	(c)	**27.**	(e)	**28.**	(d)	**29.**	(e)	**30.**	(c)
31.	(d)	**32.**	(b)	**33.**	(b)	**34.**	(e)	**35.**	(b)
36.	(a)	**37.**	(e)	**38.**	(b)	**39.**	(d)	**40.**	(c)
41.	(a)	**42.**	(e)	**43.**	(e)	**44.**	(c)	**45.**	(c)
46.	(a)	**47.**	(d)	**48.**	(c)	**49.**	(c)	**50.**	(a)
51.	(a)	**52.**	(a)	**53.**	(e)	**54.**	(c)	**55.**	(a)
56.	(c)	**57.**	(c)	**58.**	(d)	**59.**	(c)	**60.**	(e)
61.	(d)	**62.**	(c)	**63.**	(d)	**64.**	(b)	**65.**	(d)
66.	(e)	**67.**	(b)	**68.**	(d)	**69.**	(c)	**70.**	(e)
71.	(d)	**72.**	(a)	**73.**	(c)	**74.**	(e)	**75.**	(c)
76.	(b)	**77.**	(b)	**78.**	(d)	**79.**	(b)	**80.**	(c)
81.	(a)	**82.**	(e)	**83.**	(b)	**84.**	(e)	**85.**	(b)
86.	(b)	**87.**	(d)	**88.**	(a)	**89.**	(a)	**90.**	(d)
91.	(a)	**92.**	(a)	**93.**	(c)	**94.**	(b)	**95.**	(d)
96.	(c)	**97.**	(d)	**98.**	(c)	**99.**	(a)	**100.**	(d)
101.	(a)	**102.**	(c)	**103.**	(a)				
105.				(a) 2, (b) 1, (c) 3, (d) 4					

Endocrinology

1. Bone age will be retarded in each of the following except:

(a) Hypopituitarism
(b) Hypothyroidism
(c) Severe case of malnutrition
(d) Vitamin. A deficiency

2. In congenital primary hypothyroidism, the following is true except:

(a) Mental and physical retardation in untreated cases
(b) Retarded bone age
(c) Decreased free thyroxine level
(d) Tachycardia
(e) High serum TSH

3. Among the manifestations of cretinism is:

(a) Opened posterior fontanel
(b) Anemia
(c) Skin roughness
(d) Delayed motor and mental milestones
(e) All of the above

4. In congenital hypothyroidism, which is false:

(a) Can be diagnosed by routine neonatal screening
(b) Therapy is indicated for life
(c) Delayed closure of posterior fontanel
(d) Propranolol is the treatment of choice
(e) Constipation and rough skin are constant features

5. In diabetic ketoacidosis, all are true except:

(a) Ketonuria is constant
(b) Common presentation of newly diagnosed type I diabetes
(c) Rapid restoration of blood glucose to normal level is essential
(d) Short acting insulin is used for treatment

6. Regarding chronic complications of type I diabetes in children, all the statements are true except:

(a) Retinopathy
(b) Nephropathy
(c) Liver failure
(d) Growth failure

7. Congenital hypothyroidism can present with all except:

(a) Prolonged neonatal jaundice
(b) Premature closure of both anterior and posterior fontanels
(c) Constipation
(d) Hoarse cry

8. Conditions leading to short stature include all except:

(a) Achondroplasia
(b) Klinefelter's syndrome
(c) Uncontrolled diabetes mellitus
(d) Rheumatic heart disease

9. Hypoglycemia is found in all except:

(a) Galactosemia
(b) Infant of diabetic mother
(c) Hypopituitarism
(d) Phenylketonuria
(e) Low birth weight

10. Causes of delayed bone age include:

(a) Malnutrition
(b) Growth hormone deficiency
(c) Chronic bronchial asthma
(d) Hypothyroidism
(e) All of the above

11. Short stature occurs in:

(a) Turner's syndrome
(b) Achondroplasia
(c) Osteogenesis imperfecta
(d) Noonan syndrome
(e) All of the above

12. Tetany may occur in all of the following except:

(a) Hypoparathyroidism
(b) Hypermagnesemia
(c) Alkalosis
(d) Vitamin D deficiency

13. In hypothyroidism, all are true except:

(a) May be due to autoimmune thyroiditis
(b) There is weight loss and diarrhea
(c) There is mental and physical sluggishness
(d) Treatment is by L-thyroxine for life

14. In cretinism, all are true except:

(a) Tongue is large, broad and protrudes from mouth
(b) Umbilical hernia is common
(c) Serum T4 is high
(d) Treatment is hormonal therapy for life

15. All of the following are characteristics of congenital hypothyroidism except:

(a) Constipation
(b) Prolonged jaundice
(c) Muscular hypotonia
(d) Tetany
(e) Lethargy

16. Regarding congenital hypothyroidism, all are true except:

(a) It causes prolonged neonatal jaundice
(b) Voice is hoarse
(c) Baby is overweight
(d) Very irritable baby

17. A cretin at birth:

(a) Is overweight
(b) Has a hoarse cry
(c) Has coarse features
(d) May have an umbilical hernia
(e) All of the above is correct

18. When the diagnosis of congenital hypothyroidism is made at birth, thyroxin therapy:

(a) Should start immediately
(b) Should not start before 2 months of age
(c) Should start at the age of 6 months
(d) Not indicated as the condition improves spontaneously

19. Complications of type 1 diabetes mellitus in children include:

(a) Nephropathy
(b) Growth failure
(c) Peripheral neuropathy
(d) Retinopathy
(e) All of the above

20. An infant of diabetic mother is liable to:

(a) Birth injury
(b) Hypoglycemia
(c) Hyperbilirubinemia
(d) Polycythemia
(e) All of the above

21. Growth hormone deficiency may result from:

(a) Cranial irradiation
(b) Craniopharyngioma
(c) Psychosocial deprivation
(d) Congenital absence of the pituitary gland
(e) All of the above

22. All of the following are suggestive of congenital hypothyroidism except:

(a) Prolonged physiological jaundice
(b) Neck swelling
(c) Tachycardia
(d) Poor suckling
(e) Constipation

23. All are true about infant of diabetic mother except:

(a) RDS is not a common complication
(b) Congenital heart diseases are common
(c) Hypoglycemia is common in the first 24 hours of life
(d) Polycythemia is a feature of these infants
(e) Sacral agenesis is a recognized anomaly

24. Which of the following neonatal problems are seen more frequently in infants of diabetic mothers?

(a) Hypoglycemia
(b) Hyaline membrane disease
(c) Congenital malformations
(d) All of the above
(e) None of the above

25. Infant of a diabetic mother is prone to all the following except:

(a) Respiratory distress syndrome
(b) Anemia
(c) Neonatal jaundice
(d) Congenital anomalies

26. Disproportionate short stature is common in the following diseases except:

(a) Achondroplasia (b) Growth hormone deficiency
(c) Osteogenesis imperfecta (d) Mucopolysaccharidosis

27. Short stature is associated with all the following except:

(a) Turner's syndrome
(b) Down syndrome
(c) Growth hormone deficiency
(d) Marfan syndrome
(e) Chronic renal failure

28. Which of the following is the most serious complication of diabetic ketoacidosis:

(a) Paralysis (b) Dehydration

29. Glycosylated hemoglobin for assessment of diabetic control has to be done every:

(a) One week
(b) One month
(c) Three months
(d) One year

30. The following are features of neonatal hypothyroidism except:

(a) Macroglossia
(b) Heart failure, tachypnea and tachycardia
(c) Infant large for gestational age
(d) Low temperature

31. Short stature may be caused by all except:

(a) Noonan syndrome
(b) XXY karyotype
(c) XO karyotype
(d) Chronic illness

32. Infants of diabetic mothers are at risk of the following except:

(a) Respiratory distress syndrome
(b) Hyperglycemia
(c) Polycythemia
(d) Sacral agenesis

33. Causes of short stature in children include all except:

(a) Psychological deprivation
(b) Growth hormone deficiency
(c) Precocious puberty
(d) Turner syndrome
(e) Chronic severe under nutrition

34. Disproportionate dwarfism is an important characteristic of:

(a) Achondroplasia
(b) Constitutional short stature
(c) Nutritional deprivation
(d) Familial short stature
(e) Psychological deprivation

35. Diabetes mellitus is one of the serious complications of:

(a) Chicken pox
(b) Cytomegalovirus (CMV)
(c) Pertussis
(d) Mumps

36. One of the following cannot exist in diabetic ketoacidosis:

(a) Blood sugar: 500 mg/dl
(b) Ketonuria
(c) Dehydration
(d) Ketosis

37. All of the following can be used in the management of IDDM type I except:

(a) Insulin
(b) Dietetic management
(c) Non competitive exercise
(d) Oral hypoglycemic

38. Short stature occurs in all except:

(a) Rickets
(b) Down syndrome
(c) Cretinism (congenital hypothyroidism)
(d) Homocystinuria
(e) Emotional deprivation

39. Potential morbidity in the infant of diabetic mother includes all except:

(a) Congenital anomalies
(b) Macrosomia
(c) Hyperbilirubinemia
(d) Hypermagnesemia
(e) Hypoglycemia

KEY:

1.	(d)	**2.**	(d)	**3.**	(e)	**4.**	(d)	**5.**	(c)
6.	(c)	**7.**	(b)	**8.**	(b)	**9.**	(d)	**10.**	(e)
11.	(e)	**12.**	(b)	**13.**	(b)	**14.**	(c)	**15.**	(d)
16.	(d)	**17.**	(e)	**18.**	(a)	**19.**	(e)	**20.**	(e)
21.	(e)	**22.**	(c)	**23.**	(a)	**24.**	(d)	**25.**	(b)
26.	(b)	**27.**	(d)	**28.**	(c)	**29.**	(c)	**30.**	(b)
31.	(b)	**32.**	(b)	**33.**	(c)	**34.**	(a)	**35.**	(d)
36.	(e)	**37.**	(d)	**38.**	(d)	**39.**	(d)		

Nephrology

1. Acute glomerulonephritis is characterized by the following __except:__

(a) Oliguria
(b) Polyuria
(c) Hypertension
(d) Hematuria and RBCs casts

2. In post-streptococcal glomerulonephritis there is:

(a) History of Tonsillitis
(b) High ASO titer
(c) Depressed C3 level
(d) All of the above

3. Treatment of post-streptococcal glomerulonephritis include:

(a) Fluid restriction
(b) Control of hypertension
(c) Decrease protein and salt in the diet
(d) All of the above

4. Nephrotic syndrome is characterized by the following __except:__

(a) Heavy proteinuria
(b) Acidosis
(c) Edema
(d) Hypoproteinemia
(e) Hypercholesterolemia

5. Minimal-change nephrotic syndrome is treated by:

(a) Diuretics and corticosteroids
(b) Digitalis
(c) Peritoneal dialysis
(d) Hemodialysis

6. Salt-free diet is required in the treatment of:

(a) Nephrotic syndrome
(b) Acute glomerulonephritis
(c) Congestive heart failure
(d) All of the above

7. The daily dose of oral corticosteroids for treatment of nephrotic syndrome is:

(a) 20 mg/kg body weight(maximum dose is 600 mg)
(b) 2 mg/kg body weight (maximum dose is 60 mg)
(c) 200 mg regardless the body weight
(d) 0.1-0.2 mg/kg body weight

8. Relapse in nephrotic patient may be due to:

(a) Infection
(b) Lack of compliance to therapy
(c) Rapid withdrawal of medications
(d) All of the above

9. The classical clinical presentation of minimal change nephrotic syndrome include:
(a) A child aged between 2-8 years
(b) Normal blood pressure
(c) Normal kidney function tests
(d) Response to corticosteroid therapy
(e) All of the above

10. Acute renal failure is likely to develop after:
(a) Acute gastroenteritis and severe dehydration
(b) Excessive burns
(c) Severe form of acute glomerulonephritis
(d) All of the above

11. Complications of nephrotic syndrome include:
(a) Peritonitis and recurrent infections
(b) Thrombo-embolic manifestations
(c) Scrotal edema
(d) Generalized anasarca
(e) All of the above

12. The following conditions cause pitting edema except:
(a) Congestive heart failure
(b) Nephrotic syndrome
(c) Liver cirrhosis
(d) Kwashiorkor
(e) Filariasis (lymphatic obstruction)

13. In classical acute nephritis in children all are true except:
(a) Hypertension
(b) Macroscopic haematuria
(c) Follows streptococcal infection
(d) Management is by corticosteroid therapy
(e) Needs fluid restriction

14. All the following will occur in renal failure except:
(a) Metabolic acidosis
(b) Hyperkalemia
(c) ↑ serum creatinine
(d) Hypertension
(e) Jaundice

15. Nephrotic syndrome is characterized by:
(a) Generalized oedema
(b) Hyperproteinemia
(c) Hypocholesterolemia
(d) Increase in low molecular weight proteins in blood
(e) All of the above

16. Fanconi syndrome is characterized by:

(a) Polyuria, polydepsia and constipation
(b) Rickets and growth failure
(c) Generalized aminoaciduria, renal glucosuria
(d) All of the above
(e) None of the above

17. In nephrotic Syndrome (1st attack):

(a) There is peripheral non-pitting edema
(b) Ascitis could be present
(c) Methotrexate is the first line of treatment
(d) Renal biopsy is always done for diagnosis

18. Total amount of plasma proteins in blood ranges from:

(a) 2-4 gm%
(b) 9-11 gm%
(c) 6-8 gm%
(d) 10.5-12.5 gm%
(e) 1-3 gm%

19. Uncomplicated cases of poststreptococcal glomerulonephritis have the following except:

(a) Oliguria
(b) Hypertension
(c) Heavy proteinuria
(d) Hematuria
(e) Pitting oedema

20. Plasma protein electrophoresis in minimal change nephrotic syndrome shows:

(a) Low serum albumin
(b) Elevated α-globulins
(c) Depressed λ-globulins
(d) All of the above
(e) None of the above

21. All of the following are consistent with the diagnosis of idiopathic nephrotic syndrome of childhood except:

(a) Onset is usually between 2 and 6 years of age
(b) Pathologic renal changes are minimal by light microscopy
(c) C_3 level is depressed
(d) Hypertension is unusual
(e) Hyperlipidemia

22. All is true about nephrotic syndrome except:

(a) Prognosis in children is much better than in adults
(b) Increases susceptibility to infection and thrombosis
(c) May be recurrent
(d) Is accompanied by increased creatinine and urea
(e) Is treated by corticosteroids

23. The findings one might expect in a 6-year-old boy with brown urine and healing impetigo include each of the following except:

(a) Hypertension
(b) Dyspnea
(c) Periorbital edema
(d) Polyuria

24. In renal Rickets (Glomerular) there is:

(a) Early onset of rickets
(b) Good response to vitamin D
(c) High serum calcium
(d) High serum phosphorus
(e) Low serum alkaline phosphatase

25. Which pathological finding is typical for childhood nephrotic syndrome:

(a) Proliferative nephritis
(b) Crescent formation
(c) Membranous GN
(d) Normal light microscopic finding

26. All the following are side effects of prolonged use of corticosteroides except:

(a) Anaemia
(b) Growth retardation
(c) Increased susceptibility to infection
(d) Increased blood pressure
(e) Muscle weakness

27. MCGN is characterized by all the following except:

(a) Heavy proteinurea
(b) Hypoproteinaemia
(c) Hyperlipidaemia
(d) Generalized oedema
(e) Persistent hypertension

28. The most characteristic finding in urine analysis in poststreptococcal glomerulonephritis is:

(a) Small volume
(b) High specific gravity
(c) Red cells in excess
(d) Red cell casts
(e) Proteinuria
(f) Leukocyturia

29 In acute glomerulonephritis, all are true except

(a) May be related to prior group A, β-haemolytic streptococcal infection
(b) Results in significant oliguria in the majority of cases
(c) Is a recognized cause of headache and convulsions
(d) Is an indication for long-term penicillin prophylaxis
(e) Results in hypocomplementaemia

30. All the following are recognized features of Henoch-Schönlein purpura except:

(a) A maculopapular skin rash over the buttocks
(b) Abdominal colic
(c) Generalized lymphadenopathy
(d) Hematuria

31. A false statement about acute post-streptococcal glomerulonephritis is:

(a) There is oliguria
(b) Hypertension is rare
(c) Congestive heart failure may occur
(d) Renal function may be impaired

32. Which of the following is not a cause of hematuria:

(a) Urinary tract infection
(b) Renal stones
(c) Acute post-streptococcal glomerulonephritis
(d) Idiopathic thrombocytopenic purpura
(e) None of the above

33. Minimal lesion nephrotic syndrome is characterized by all except:

(a) Pitting oedema is a constant feature
(b) Hypertension is always present
(c) Selective proteinuria exceeding 3 g/24 hours
(d) Relapses may occur

34. Side effects of corticosteroids include:

(a) Hypertension
(b) Diabetes mellitus
(c) Osteoporosis
(d) Stunted growth
(e) All of the above

35. Peritoneal dialysis is indicated in the following except:

(a) Acute renal failure
(b) Acute peritonitis
(c) In young children with chronic renal failure
(d) Pulmonary edema complicating APSGN

36. Secondary nephrotic syndrome occurs in patients suffering from:

(a) Malaria
(b) Sickle cell disease
(c) Diabetes Mellitus
(d) Systemic lupus erythematoses
(e) All of the above

37. In renal Rickets (Fanconi syndrome) there are:

(a) Phosphaturia
(b) Aminoaciduria
(c) Glucosuria
(d) Marked skeletal deformity
(e) All of the above

38. In chronic renal failure there are all except:

(a) Short stature
(b) Normochromic normocytic anemia
(c) Hypophosphatemia
(d) Hypertension
(e) Decrease in creatinine clearance

39. The most common type of idiopathic nephrotic syndrome in children is:

(a) Minimal change
(b) Focal sclerosis
(c) Mesangial proliferation
(d) Membranoproliferatve GN
(e) Rapidly progressive GN

40. The following conditions cause pitting edema except:

(a) Congestive heart failure
(b) Nephrotic syndrome
(c) Kwashiorkor
(d) Liver cirrhosis
(e) Turner syndrome

41. Diagnostic criteria of minimal change nephrotic syndrome include the following except:

(a) Decrease C3
(b) Selective proteinuria
(c) Fusion of foot process in electron microscope
(d) Common between 2-7 years

42. In renal osteodystrophy, all the following are true except:

(a) Radiological findings of rickets in bones
(b) High alkaline phosphatase activity
(c) Low serum phosphorous
(d) Impaired skeletal growth (growth failure)
(e) Anemia

43. In childhood primary nephrotic syndrome:

(a) Serum albumin is high
(b) Serum cholesterol is high
(c) 24 hr. urinary proteins = 0.5gm/ m2/day
(d) Edema is usually minimal

44. Drugs used in management of childhood Nephrotic syndrome include:

(a) Steroids
(b) Cytotoxic drugs
(c) Cyclosporin A
(d) Immunomodulators (levamesole)
(e) All of the above

45. In nephrotic syndrome, all are true except:

(a) Heavy proteinuria
(b) Occurs in Hodgkin's disease
(c) Hyperlipidemia
(d) Oedema
(e) Increased lipoprotein lipase activity

46. Hematuria occurs in all except:

(a)	Infective endocarditis	(b)	Acute nephritis
(c)	Renal stones	(d)	Congestive heart failure
(e)	Cyclophosphamide drug intake		

47. In acute Renal Failure there are all except:

(a)	Anuria	(b)	Acidosis
(c)	Pulmonary edema	(d)	Hypoglycemia
(e)	Elevated serum creatinine		

48. Complications of acute poststreptococcal glomerulonephritis, include all except:

(a) Heart failure
(b) Renal failure
(c) Hypokalemia
(d) Hypertensive encephalopathy
(e) Anuria

49. The etiology of Nephrotic syndrome may be:

(a)	Hereditary	(b)	Congenital
(c)	Idiopathic	(d)	2ry to some systemic disease
(e)	All of the above		

KEY:

1.	(b)	**2.**	(d)	**3.**	(d)	**4.**	(b)	**5.**	(a)
6.	(d)	**7.**	(b)	**8.**	(d)	**9.**	(e)	**10.**	(d)
11.	(e)	**12.**	(e)	**13.**	(d)	**14.**	(e)	**15.**	(a)
16.	(d)	**17.**	(b)	**18.**	(c)	**19.**	(c)	**20.**	(d)
21.	(c)	**22.**	(d)	**23.**	(d)	**24.**	(d)	**25.**	(d)
26.	(a)	**27.**	(e)	**28.**	(d)	**29.**	(d)	**30.**	(c)
31.	(b)	**32.**	(c)	**33.**	(b)	**34.**	(c)	**35.**	(b)
36.	(e)	**37.**	(e)	**38.**	(c)	**39.**	(a)	**40.**	(e)
41.	(a)	**42.**	(c)	**43.**	(b)	**44.**	(e)	**45.**	(e)
46.	(d)	**47.**	(d)	**48.**	(c)	**49.**	(e)		

Hematology and Oncology

1. The deficiency anemia is most likely to be caused by:

(a) Parasitic infestation
(b) Hematuria
(c) Prematurity
(d) Artificial feeding
(e) All of the above

2. Megaloblastic anemia occurs due to:

(a) Folic acid deficiency
(b) Zinc deficiency
(c) Copper deficiency
(d) β-Thalassemia

3. Hemophilia is likely to be due to:

(a) Prothrombin deficiency
(b) Decreased levels of factor VIII
(c) Fibrinogen deficiency
(d) Factor V deficiency

4. Bleeding tendency is commonly a manifestation of:

(a) Thrombocytopenic purpura
(b) Acute leukemia
(c) Hypersplenism
(d) All of the above
(e) None of the above

5. Kernicterus is caused by:

(a) Unconjugated hyperbilirubinemia
(b) Conjugated hyperbilirubinemia
(c) Hyperglycemia
(d) Both conjugated and unconjugated hyperbilirubinemia

6. Hypochromic anemia is likely to be associated with:

(a) Iron deficiency anemia
(b) Thalassemia
(c) Anemia due to lead intoxication
(d) All of the above

7. In sickle cell disease the following conditions frequently occur:

(a) Hemolytic crisis
(b) Aplastic crisis
(c) Sequestration crisis
(d) Septic conditions
(e) All of the above

8. Beta Thalassemia major is:

(a) Autosomal recessive disease
(b) Never present at birth
(c) Associated with increased fetal hemoglobin
(d) All of the above

9. Megaloblastic anemia is likely to be caused by:

(a) Goats milk intake
(b) Cow milk intake
(c) Breast feeding
(d) Late weaning

10. All are the characteristics of G6PD deficiency except:

(a) Sex linked recessive inheritance
(b) Persistence of low grade anemia in patients
(c) Increased reticulocytic count during attack
(d) Heinz bodies are present in hemolytic episodes

11. Vitamin K dependent factors are all except:

(a) XI (b) IX
(c) VII (d) X
(e) II

12. Acute ITP is characterized by all except:

(a) Presence of antiplatelet antibody
(b) Frequently of spontaneous remission
(c) Splenomegaly and lymphadenopathy
(d) Increased number of megakaryocytes in BM

13. Hemophilia A is associated with all except:

(a) Hemoarthrosis
(b) Abnormal PTT
(c) Decreased platelet count
(d) Normal PT

14. Which of the following globin chain is present in HbF?

(a) $\alpha 2\ \beta 2$ (b) $\alpha 2\ \gamma 2$
(c) $\alpha 2\ \varepsilon c$ (d) $\varepsilon 4$

15. Term newborn has average blood volume of:

(a) 110 ml/kg
(b) 20 ml/kg
(c) 85 ml/kg
(d) 50 ml/kg

16. All are signs of β-thalassemia except:

(a) Splenomegaly
(b) Mongoloid facies
(c) Convulsions
(d) Discolouration of urine

17. All are characteristic of hereditary spherocytosis except:

(a) Autosomal dominant
(b) Splenomegaly
(c) Increased reticulocytic count
(d) Melena

18. All are true about β-thalassemia major except:

(a) Is characterized by persistence of fetal haemoglobin
(b) Is a genetic recessive disease
(c) There is enlargement of both liver and spleen
(d) Requires repeated blood transfusion
(e) The condition is reversed by splenectomy

19. All the following are features of thalassemia major except:

(a) Mongoloid facies
(b) Hair on end appearance of x-ray skull
(c) Hepatosplenomegaly
(d) Clubbing
(e) Persistence of Hb f

20. Acute idiopathic thrombocytopenic purpura in children is characterized by all the following except:

(a) Purpuric eruptions
(b) Spontaneous recovery is common
(c) Using steroids is only limited to cases with platelet count less than 20,000 or symptomatic bleeding
(d) Commonly to be preceded by viral infection
(e) Predominant age is 10 years

21. Blood transfusion can transmit the following infections except:

(a) Malaria
(b) AIDS
(c) CMV infection
(d) Hepatitis A
(e) Hepatitis B

22. The spleen is subjected to infarctions and not increased in size in the following:

(a) Spherocytosis
(b) Elliptocytosiss
(c) Sickle cell anemia
(d) β-thalassemia major

23. The commonest childhood leukemia is:

(a) Chronic myeloid leukemia
(b) Acute myeloid leukemia
(c) Acute lymphoblastic leukemia
(d) None of the above

24. In acute lymphatic leukemia all are true except:

(a) The age, gender, WBC count and cell of origin are of prognostic importance
(b) The CNS and testis are common sites of relapse
(c) Chemotherapy should be continued during remission
(d) Arthritis and bony aches may be presenting symptoms
(e) Bone marrow examination is not a diagnostic tool

25. The most diagnostic test for β-thalassemia major is:

(a) Osmotic fragility test
(b) Sickling test
(c) Coomb's test
(d) Hemoglobin electrophoresis

26. The most diagnostic test for spherocytosis is:

(a) Osmotic fragility test
(b) Bone marrow
(c) HB electrophoresis
(d) Coomb's test

27. There is a bleeding tendency in:

(a) Immune thrombocytopenia
(b) Hypersplenism
(c) Acute leukemia
(d) All the above
(e) None of the above

28. All the following are modalities for treatment of ITP except:

(a) IV immunoglobulins
(b) Steroids
(c) Cryoprecipitate
(d) Anti D immunoglobulins

29. The risk of cerebrovascular accidents (stroke) can be expected in all except:

(a) Sickle cell disease
(b) Nephrotic syndrome
(c) Congenital cyanotic heart disease
(d) Iron deficiency anemia

30. Hemorrhagic disease of the newborn is characterized by all except:

(a) Responds to synthetic vitamin K injection
(b) Prolonged PT
(c) Prolonged PTT
(d) More common in breast fed than artificially fed infants

31. Coagulation factors synthesized in the liver include all except:

(a) Factor V (b) Factor VIII
(c) Factor X (d) Prothrombin
(e) All

32. The whole blood is usually transfused in a dose of:

(a) 50 cc/kg (b) 20 cc/kg
(c) 5 cc/kg (d) 40 cc/kg
(e) 100 cc/kg

33. DIC is characterized by the following except:

(a) Thrombocytopenia
(b) Consumption of clotting factors
(c) ↑ thrombosis followed by bleeding tendency
(d) ↑ PT and PTT
(e) ↓ Fibrin degradation products

34. Modes of inheritance are all correct except

(a) Spherocytosis is autosomal dominant
(b) Glucose 6-phosphate dehydrogenase deficiency is x-linked dominant
(c) Beta-thalassemia is autosomal recessive
(d) Classic von Willebrand disease is autosomal dominant

35. For thalassemia syndrome, all are true except:

(a) Hemoglobin electrophoresis is abnormal
(b) Reticulocyte count is high
(c) Blood film shows target cells
(d) Serum total iron binding capacity is high

36. Aplastic anemia can be secondary to:

(a) Radiation (b) Chloramphenicol
(c) Hepatitis A (d) Parvovirus B19
(e) All the above

37. Sickle cell disease is characterized by:

(a) Hand and foot syndrome
(b) Can be diagnosed antenatally
(c) Indication for prophylactic penicillin
(d) Episodes of aplastic anemia
(e) All the above

38. For glucose-6-phosphate dehydrogenase deficiency, all are true except:

(a) Sex-linked inheritance
(b) Indication for splenectomy
(c) Can manifest in girls
(d) Cause drug-induced hemolysis

39. Hematologic indications for splenectomy include:

(a) Congenital spherocytosis
(b) Chronic immune thrombocytopenic purpura
(c) Beta thalassemia major
(d) All the above

40. In Beta-thalassemia major, which statement is false:

(a) Boys are affected more than girls
(b) Splenectomy may be indicated
(c) Urine may be dark with intravascular hemolysis
(d) May develop aplastic anemia

41. The spleen may be not enlarged in:

(a) Spherocytosis
(b) Elliptocytosis
(c) Sickle cell anaemia
(d) β-thalassemia

42. Concerning fetal hemoglobin, which statement is incorrect:

(a) It has high affinity for oxygen
(b) It is easily denatured by alkali
(c) Forms about 70% of total hemoglobin at birth
(d) It is formed of 2 alpha and 2 gamma chains of globin
(e) It is increased in B-thalassemia

43. Hypochromic anemia is likely to be associated with all of the following disorders except:

(a) Iron deficiency anemia
(b) Thalassemia
(c) Lead intoxication
(d) B_{12} deficiency

44. An increased concentration of hemoglobin F is found in children with:

(a) β-thalassemia major
(b) G-6-P.D. deficiency
(c) Iron deficiency
(d) B_{12} deficiency
(e) All the above

45. In Acute ITP all are true except:

(a) It follows viral resp. infection
(b) There is epistaxis & bleeding gums
(c) Petichae are all over the body
(d) There is hepatosplenomegaly (HSM)

46. Clinical picture of iron def. anemia include:

(a) Fatigue
(b) Papillary atrophy of the tongue
(c) Functional murmur on the heart
(d) Changes of nails
(e) All of the above

47. All are examples of vaso-occlusive crisis except:

(a) Acute chest crisis (b) Stroke
(c) Dactylitis (d) Priabism
(e) Aplastic crisis

48. Severe haemolytic reaction can produce all of the following except:

(a) Jaundice
(b) Shacking chills and fever
(c) Meningeal irritation
(d) Severe abdominal pain
(e) Anuria

49. Haematological indication of splenectomy include all except:

(a) Congenital spherocytosis
(b) β-Thalassemia
(c) ITP (chronic ITP)
(d) Christmas disease
(e) Severe sequestration crisis

50. During correction of iron deficiency anemia, the first manifestation to appear is:

(a) Normalization of Hb
(b) Correction of iron stores
(c) Increase reticulocytic count
(d) Decrease iron binding capacity
(e) Correction of MCV

51. The following pattern of haemoglobin electrophoresis is characteristic for β-thalassemia major:

(a) Excess Hb F
(b) Normal to high Hb A2
(c) Depressed Hb A
(d) All of the above

52. Regarding Henoch-Schönlein purpura, all are true except:

(a) There is purpuric eruption all over the lower limbs & buttocks
(b) Joint involvement may be present
(c) Prednisone is the first line of treatment
(d) Spontaneous remission is expected without treatment

53. In idiopathic thrombocytopenic purpura, there is bleeding due to:

(a) Factor VIII deficiency
(b) Disseminated intravascular coagulopathy
(c) Platelet destruction
(d) Platelet abnormal function

54. Thalassemia major is characterized by all of the following except:

(a) Hemosiderosis due to frequent transfusion
(b) Marked hepatosplenomegaly
(c) Bony hyperplasia
(d) Mongoloid features
(e) Autosplenectomy

55. Bone marrow depression is a serious reaction produced by therapy with:

(a) Terramycin
(b) Chloramphenicol
(c) Erythromycin
(d) Tetracycline
(e) None of the above

56. All of the following are manifestations of sickle cell anemia:

(a) Symptoms occur after 6 months of life
(b) Shortened RBCs life span
(c) Salmonella infections
(d) Abdominal pain
(e) All of the above

57. The proportion of hemoglobin-F at birth of the term fetus is:

(a) 100% (b) 70%
(c) 50% (d) 25%
(e) None of the above

58. Which of the following may be present in blood film with hemolytic anemia:

(a) Reticulocytosis
(b) Spherocytosis
(c) Howell-jolly bodies
(d) All of the above
(e) None of the above

59. All the following diseases cause hemolytic anemia except:

(a) Malarial infection (b) SLE
(c) Iron deficiency (d) DIC
(e) ABO incompatibility

60. β-thalassemia:

(a) Starts after 6 months
(b) Progressive abdominal enlargement
(c) Growth retardation is common
(d) Prominent maxilla & spaced teeth
(e) All of the above

61. Hemophilia is inherited as a:

(a) X-linked recessive
(b) X-linked dominant
(c) Autosomal recessive
(d) Autosomal dominant
(e) Homozygous recessive autosome

62. Nephroblastoma (Wilms tumour):

(a) Frequently presents as an asymptomatic abdominal mass
(b) Usually occurs in children aged under 5 years
(c) Commonly presents with lung metastases
(d) All of the above

63. Hereditary spherocytosis:

(a) Is inherited as an autosomal dominant condition
(b) May cause severe jaundice in the newborn period
(c) May be complicated by abrupt exacerbations of anaemia due to transient erythroid hypoplasia
(d) All of the above

64. Sickle cell disease:

(a) Is a recognized cause of prolonged neonatal jaundice
(b) Increases susceptibility to infection with encapsulated bacteria
(c) Is a cause of childhood stroke (cerebrovascular disease)
(d) Is conventionally managed by regular blood transfusions
(e) (b) and (c)

65. In β-thalassemia major, Which is true:

(a) Is associated with a relative excess of β-globin molecules
(b) Results in a blood film exhibiting hyperchromic, macrocytic red cells
(c) Produces a generalized osteoporosis
(d) Is commonly associated with a reduced serum iron
(e) Results in normal puberty

66. In Haemophilia A all are true except:

(a) It can cause a coagulation disturbance in the neonatal period.
(b) It lacks a positive family history in one-third of affected boys.
(c) Cause a prolonged bleeding time
(d) Causes a prolonged partial thromboplastin time.
(e) It results from deficiency of factor VIII.

67. In an adolescent female with history of recurrent bluish eruptions and menorrhagia, the first possibility to be in mind is:

(a) Hemophilia A
(b) Von Willebrand disease
(c) Hereditary thrombathenia
(d) Hypoplastic anemia

68. Regarding Hemophilia-A, which is trrrue:

(a) Is an autosomal recessive disease
(b) The condition starts since birth
(c) Purpuric eruption is present at sites of trauma
(d) There is prolonged bleeding time

69. Regarding β-thalassemia:

(a) There is high reticulocytic count
(b) Hb A is very high
(c) Prednisone therapy is given early
(d) Chelation therapy is given to correct anemia

70. In ITP all are true except:

(a) Clotting time is prolonged
(b) There is abnormal clot retraction test
(c) Hess test is positive
(d) Prednisone could be used for treatment

71. In Hodgkin's disease all are true except:

(a) Periodic fever may occur
(b) Small, painful superficial lymphnodes are present
(c) There is mediastinal or retroperitoneal node involvement
(d) Pruritis is common

72. A low mean corpuscular volume (MCV) in the face of anemia is usually associated with all of the following except:

(a) Iron deficiency
(b) Chronic disease
(c) Lead intoxication
(d) Vitamin B_{12} deficiency
(e) Spherocytosis

73. Regarding lymphadenopathy, one statement is correct:

(a) Infection mononucleosis is a viral infection which causes only axillary lymphadenopathy
(b) In Hodgkin's lymphoma, LN are rubbery in consistency
(c) There is always associated splenomegaly
(d) Surgical removal is the role in lymphadenopathy due to infection

74. In iron deficiency anemia, there are:

(a) Hypochromia
(b) Microcytosis
(c) Decrease in serum ferritin
(d) Decrease in serum iron
(e) All of the above

75. Concerning hereditary spherocytosis:

(a) Autosomal dominant in inheritance
(b) Splenomegaly
(c) Liability to pigmentary gall stones
(d) Splenectomy corrects anemia
(e) All of the above

76. Microcytic anemia is a characteristic feature of all except:

(a) Thalassemia minor
(b) Iron deficiency anemia
(c) Vitamin B6 deficiency
(d) Bone marrow depression
(e) Lead poisoning

77. Thalassemia major is characterized by all except:

(a) Hemosiderosis due to frequent transfusion
(b) Marked hepatosplenomegaly
(c) Bony hyperplasia
(d) Positive Coomb's test

78. A false statement about β-thalassemia major is:

(a) Present with pallor, jaundice, failure to thrive
(b) Onset of hemolysis is at birth
(c) There is hepatosplenomegaly
(d) Hemoglobin electrophoresis reveals high hemoglobin F and/or A_2
(e) Antenatal diagnosis is possible

79. Henoch-Schönlein purpura is associated with:

(a) Abdominal pains
(b) Arthritis
(c) Nephritis
(d) All of the above
(e) None of the above

80. Which of the following coagulation factors is not tested using the prothrombin time:

(a) Factor II
(b) Factor VII
(c) Factor X
(d) Factor VIII
(e) Factor V

81. Hypersplenism in chronic hemolytic anemia is diagnosed if patients received packed RBCs more than:

(a) 100 cc/kg/year
(b) 200 cc/kg/year
(c) 300 cc/kg/year
(d) 400 cc/kg/year

82. In Beta thalassemia, all are true except:

(a) Excess B chains precipitate in RBCs
(b) Excess α chains precipitate in RBCs
(c) Bone marrow transplantation may be indicated
(d) Desferrioxamine is used in therapy

83. The CBC of a patient with thalassemia may show the following except:

(a) Microcytosis
(b) Acanthocytosis
(c) Hypochromia
(d) Anisopoikilocytosis
(e) Increased reticulocytes

84. The following findings may help in diagnosis of iron deficiency anemia except:

(a) Serum iron binding capacity
(b) Hemoglobin electrophoresis
(c) Reticulocytic count
(d) Packed cell volume
(e) Serum ferritin

85. The following are associated with bad prognosis in acute lymphoblastic leukemia except:

(a) Male sex
(b) High white blood cell count
(c) Age below one year or above 10 years
(d) Anemia at diagnosis (Hb < 10gm/dl)
(e) Testicular enlargement.

86. Individuals who have chronic hypoxia, have an increased haematocrit. The stimulation of red cell production has been attributed to release of erythropoietin by:

(a) Spleen
(b) Liver
(c) Kidneys
(d) [illegible]

87. All affect RBC's synthesis except:

(a) Iron
(b) Folic acid
(c) Vitamin K
(d) Vitamin B12
(e) Zinc

88. Sickle cell anemia is due to:

(a) Point mutation that changes aminoacid at position 6 on globin chain
(b) Autosomal dominant disorder
(c) X linked disorder
(d) None of the above

89. What is not true about hemophilia A:

(a) X-linked recessive disorder
(b) Profuse bleeding after minor surgical procedure
(c) Painful joint (hemarthrosis)
(d) Prolonged bleeding time

90. Which of the following is not an indication for platelet transfusion:

(a) Pancytopenia
(b) Leukemia
(c) Hemophilia A
(d) DIC

91. Features of Henoch-Schönlein purpura include:

(a) Thrombocytopenia
(b) Leucocytosis
(c) Prolonged PT
(d) All of the above
(e) None of the above

92. All are true about β-thalassemia major except:

(a) The cause is diminished production of alpha chains in the RBCs
(b) Reticulocytic count is increased
(c) Serum iron is increased
(d) The age of presentation is 6 months

93. In congenital spherocytosis all are true except:

(a) It is transmitted as autosomal dominant
(b) It is an example of hemolytic anemia
(c) It can present in neonatal period with neonatal jaundice
(d) Hemoglobin electrophoresis is the best investigative tool
(e) It is a metabolic cell membrane defect

94. In Hodgkins disease, all are true except:

(a) Is commoner in females than males
(b) Nodular sclerosis type has a good prognosis

95. A false statement of immune thrombocytopenic purpura is:

(a) Usually follows viral infection
(b) Bleeding is due to platelet dysfunction
(c) Spontaneous remission occurs in most cases
(d) Intravenous immunoglobulins are used in severe cases

96. Patients with disseminated intravascular coagulation present with all of the following except:

(a) Thrombocytopenia
(b) Hypofibrinogenemia
(c) Low levels of fibrinogen degradation products
(d) Prolonged partial thromboplastin time
(e) Microangiopathic blood smear

97. Bleeding time is normal in one of the following conditions:

(a) Hemophilia A
(b) Von Willebrand's disease
(c) Immune thrombocytopenic purpura
(d) Aspirin toxicity with bleeding
(e) None of the above

98. Autosplenectomy occurs commonly with:

(a) β-thalassemia major
(b) Nocturnal hemoglobinuria
(c) Sickle cell anemia
(d) G6PD deficiency
(e) Congenital spherocytosis

99. Iron deficiency anemia is characterized by the following except:

(a) Microcytic hypochromic anemia
(b) Decreased iron binding capacity
(c) Decreased serum ferritin
(d) Pica

100. Reticulocytosis is present in all of the following except:

(a) Chronic hemolytic anemia
(b) Iron therapy in iron deficiency anemia
(c) Bleeding
(d) Hypoplastic anemia

101. All the following are characteristics of β-thalassemia major except:

(a) Pallor since birth
(b) Hepatosplenomegaly
(c) Reticulocytosis
(d) Presence of target cells in

102. The following may cause neonatal thrombocytopenia except:

(a) Maternal SLE
(b) Maternal ITP
(c) Huge cavernous haemangioma
(d) Mother intake of iodine containing cough mixtures
(e) DIC

103. In haemophilia A, all are true except:

(a) Prophylactic recombinant factor VIII therapy is used at surgical procedures
(b) The prothrombin time is prolonged
(c) The PTT is prolonged
(d) Factor VIII antibodies occur in 10% of haemophilics

104. All are true about sickle cell anemia except:

(a) Valine substitute aminoacid number six
(b) Painful crises
(c) Absence of α chain
(d) Hyperhemolytic crises can occur

105. Complications of hemosederosis include all of the following except:

(a) Pubertal delay
(b) Cardiomyopathy
(c) Hypothyroidism
(d) Deafness
(e) Diabetes

106. ITP is characterized by:

(a) Decreased platelet number
(b) Decreased platelet function
(c) Vascular wall defect
(d) Deficient factor VIII

107. All the following conditions are causes of anemia in the neonatal period except:

(a) Hereditary spherocytosis
(b) Twin to twin transfusion
(c) β-thalassemia major
(d) Vitamin E-deficiency
(e) Septicemia

108. All are true statements concerning acute idiopathic thrombocytopenic purpura (I.T.P.) except:

(a) It may follows chickenpox or EBV infection
(b) Spleen is not enlarged
(c) Intravenous immunoglobulin (I.V.I.G) may be used in severe cases
(d) Platelet count is less than 100.000 mm^3
(e) Platelet [illegible]

109. Which of the following is the most common cause of thrombocytopenia in children:

(a) Drug reaction
(b) Idiopathic thrombocytopenic purpura
(c) Infection
(d) Henoch-Schönlein purpura

110. Concerning blood product transfusion, all the following are true except:

(a) The decision to transfuse packed RBCs should not be only based on hemogloblin level
(b) The dose recommended for packed red cell transfusion in Pediatric population is 30 ml/kg
(c) Red cells can be stored for up to 42 days
(d) Cryoprecipitate transfusion is indicated in fibrinogen deficiency
(e) Leukoreduction minimizes the risk of cytomegalovirus transmission

111. G6PD deficiency is characterized by which of the following:

(a) Hemolysis is less severe in affected whites than blacks
(b) Splenectomy is recommended for those with severe disease
(c) Present as an acute hemolysis after intake of salicylate
(d) The crisis is characterized by decreased reticulocytic count

112. The following are the lines of treatment of hemophilia A:

(a) Cryoprecipitate
(b) Gentle Physiotherapy after correction of PTT
(c) Both (a) and (b)
(d) Salicylates

KEY:

1.	(c)	**2.**	(a)	**3.**	(b)	**4.**	(d)	**5.**	(a)
6.	(d)	**7.**	(e)	**8.**	(d)	**9.**	(a)	**10.**	(b)
11.	(a)	**12.**	(c)	**13.**	(c)	**14.**	(b)	**15.**	(c)
16.	(c)	**17.**	(d)	**18.**	(e)	**19.**	(d)	**20.**	(e)
21.	(d)	**22.**	(c)	**23.**	(c)	**24.**	(e)	**25.**	(d)
26.	(a)	**27.**	(d)	**28.**	(c)	**29.**	(d)	**30.**	(d)
31.	(b)	**32.**	(b)	**33.**	(e)	**34.**	(b)	**35.**	(d)
36.	(e)	**37.**	(e)	**38.**	(b)	**39.**	(d)	**40.**	(a)
41.	(c)	**42.**	(b)	**43.**	(d)	**44.**	(a)	**45.**	(d)
46.	(e)	**47.**	(e)	**48.**	(c)	**49.**	(d)	**50.**	(c)
51.	(d)	**52.**	(c)	**53.**	(c)	**54.**	(c)	**55.**	(b)
56.	(e)	**57.**	(b)	**58.**	(d)	**59.**	(c)	**60.**	(e)
61.	(a)	**62.**	(d)	**63.**	(d)	**64.**	(e)	**65.**	(c)
66.	(c)	**67.**	(b)	**68.**	(b)	**69.**	(a)	**70.**	(a)
71.	(b)	**72.**	(d)	**73.**	(b)	**74.**	(e)	**75.**	(e)
76.	(d)	**77.**	(d)	**78.**	(b)	**79.**	(d)	**80.**	(d)
81.	(c)	**82.**	(a)	**83.**	(b)	**84.**	(b)	**85.**	(d)
86.	(c)	**87.**	(c)	**88.**	(a)	**89.**	(d)	**90.**	(c)
91.	(e)	**92.**	(a)	**93.**	(d)	**94.**	(a)	**95.**	(b)
96.	(c)	**97.**	(a)	**98.**	(c)	**99.**	(b)	**100.**	(d)
101.	(a)	**102.**	(d)	**103.**	(b)	**104.**	(c)	**105.**	(d)
106.	(a)	**107.**	(c)	**108.**	(e)	**109.**	(b)	**110.**	(b)
111.	(c)	**112.**	(c)						

Neurology

1. Diseases causing mental retardation and characteristic biochemical findings in the urine include:

(a) Down syndrome
(b) Cretinism
(c) Phenylketonuria and galactosemia
(d) Congenital toxoplasmosis

2. In febrile convulsions, the following statements are true except:

(a) Occur in 2-5% of children
(b) Genetic predisposition is common
(c) Higher fever ≥39°C is usually present
(d) Occurs in children aged between 3 months to 5 years
(e) It is treated by oral glucose

3. Intracranial calcifications on skull X-ray are seen in:

(a) Infantile rickets
(b) Congenital toxoplasmosis
(c) B thalassemia major
(d) Congenital Rubella Syndrome

4. Cerebral palsy may be related to:

(a) Birth anoxia
(b) Intra-uterine infection
(c) Kernicterus
(d) All of the above

5. Duchenne muscular dystrophy is characterized by all except:

(a) X-Linked recessive disease
(b) Proximal muscle weakness
(c) Pseudohypertrophy of the calf muscles
(d) Exaggerated knee jerk

6. Choreic movements are associated with lesions in:

(a) Basal ganglia
(b) Anterior horn cells
(c) Peripheral nerves
(d) All of the above
(e) None of the above

7. In hydrocephalus during the first year of life there is:

(a) Progressive enlargement of the head
(b) Delayed closure of fontanels
(c) Widely separated sutures

8. Primary inability to walk is seen in:

(a) Infantile rickets
(b) Down syndrome
(c) Early poliomyelitis
(d) All of the above

9. Flaccid paralysis is seen in:

(a) Poliomyelitis
(b) Acute infectious polyneuritis (Guillain-Bârre)
(c) Post diphtheritic paralysis
(d) All of the above

10. Cerebral palsy may be manifested by:

(a) Spastic quadriplegia
(b) Atonic diplegia
(c) Extrapyramidal manifestations
(d) Cerebellar involvement
(e) All of the above

11. The causes of mental retardation include:

(a) Down syndrome
(b) Congenital hypothyroidism
(c) Cerebral palsy
(d) Trisomy-18 (Edward's Syndrome)
(e) All of the above

12. Hypotonia in an infant may be a manifestation of:

(a) Nutritional rickets
(b) Poliomyelitis
(c) Down syndrome
(d) Werding Hoffman disease
(e) All of the above

13. Guillain-Bârre syndrome (Post-infectious polyneuropathy) is manifested by:

(a) Acute onset and usually regressive course
(b) Flaccid paralysis in an ascending manner
(c) Bilateral symmetrical distribution
(d) Hypotonia and hypo-reflexia
(e) All of the above

14. Cerebral palsy is defined as:

(a) Central motor neuron lesion of a stationary course related to a perinatal cause
(b) Progressive paralysis dating since birth
(c) Paralysis of an acute onset acquired during infancy
(d) None of the above

15. A false statement about rheumatic chorea is:

(a) More in females
(b) Emotional liability is common
(c) There is hypotonia
(d) ESR is always high
(e) Long-term prophylaxis against streptococcal infection is indicated

16. Which of the following is a cause of seizures in the neonatal period:

(a) Hypocalcemia
(b) Brain anoxia
(c) Hypoglycemia
(d) All of the above

17. A false statement about Erb's palsy is:

(a) Common after breech delivery
(b) There is injury of the 5th and 6th cervical roots
(c) Pronation and extension of the affected upper limb occurs
(d) There is hypertonia of the affected upper limb

18. Pseudohypertrophic (Duchenne) muscular dystrophy is characterized by all of the following, except:

(a) Most common type of muscular dystrophy
(b) Most patients are female
(c) Onset usually during childhood
(d) Waddling gait
(e) Lordosis is characteristic

19. In spastic cerebral palsy all are true except:

(a) Mental retardation may be present
(b) Sensations are usually not affected
(c) Cranial nerve affection is of true LMNL
(d) Exaggerated deep tendon reflexes is common

20. The cerebrovascular accidents can occur in all except:

(a) Hypoxia
(b) Polycythemia
(c) Dehydration
(d) F4
(e) Iron deficiency

21. All the following are true about simple febrile seizures except:

(a) There is usually mild pleocytosis
(b) They usually occur with acute infections
(c) Occur for less than 15 minutes
(d) Common between 6 months and 5 years
(e) With generalized tonic and clonic activity

22. In Duchenne Muscular dystrophy, all are true except:

(a) Mental retardation is always present
(b) No cranial nerve affection
(c) May be associated with cardiomyopathy
(d) Gower sign is positive

23. Bulging anterior fontanel could be caused by all except:

(a) Meningitis
(b) Vigorously crying infant
(c) Hydrocephalus
(d) Hypertonic dehydration

24. Microcephaly occurs in:

(a) Down syndrome
(b) Trisomy 18
(c) Cri-de-chat syndrome
(d) All of the above
(e) None of the above

25. Total brachial plexus injury may lead to:

(a) Asymmetrical Moro reflex
(b) Loss of grasp reflex on affected side
(c) Phrenic palsy on affected side
(d) Horner's syndrome on affected side
(e) All of the above

26. Microcephaly is a feature of each of the following except:

(a) Congenital rubella
(b) Congenital cytomegalovirus infection
(c) Aqueduct stenosis
(d) Phenyl ketonuria

27. For 2 years old floppy patient, the following may be causes except:

(a) Werding-Hoffman disease
(b) Atonic cerebral palsy
(c) Post-diphtheritic paralysis
(d) Duchenne myopathy

28. Plagiocephaly is due to:

(a) Incomplete premature closure of Sagittal suture
(b) Premature closure of metopic suture
(c) Unilateral closure of coronal suture
(d) Premature closure of all sutures

29. Gullian-Bârre is characterized by:

(a) Paralysis which is characteristically asymmetric
(b) A stationary course
(c) CSF showing few cells and high protein content
(d) Atrophy of the anterior horn cells
(e) Abnormal EEG findings

30. In cerebral palsy, the following are correct except:

(a) The affected child may have normal mentality
(b) The affected child may have normal visual acuity
(c) The affected child may have normal motor system
(d) The affected child may have epilepsy

31. Hypertonia may be a manifestation of:

(a) Congenital cerebellar ataxia
(b) Sydenham chorea
(c) Werding-Hoffman syndrome
(d) Polio infection
(e) Extrapyramidal cerebral palsy

32. Gullian-Bârre syndrome may be related to:

(a) Bacterial toxins
(b) Genetic predisposition
(c) Trauma to the spinal cord
(d) Post viral complication
(e) Vitamin deficiency

33. All may be associated with a secondary inability to walk except:

(a) Post meningitic sequelae
(b) Poliomyelitis
(c) Osteomyelitis
(d) Werding Hoffman disease
(e) Post traumatic spinal cord injury

34. Spastic cerebral palsy is associated with:

(a) Scissoring of lower limbs
(b) Exaggerated tendon reflexes
(c) Clasp knife spasticity
(d) Delayed motor milestones
(e) All of the above

35. Cranio-synostosis is defined as:

(a) Premature closure of one or more of the cranial sutures
(b) Dysfunctional osteoclastic activity in the cranium
(c) Dysfunctional osteoblastic activity in the cranium
(d) Small size of the head

36. In poliomyelitis respiratory distress may be a manifestation of the following situations except:

(a) Bulbar polio
(b) Encephalitic polio
(c) Hypostatic pneumonia
(d) Abortive polio
(e) Diaphragmatic polio

37. Mention the true statement about features of Guillain-Bârre syndrome:

(a) Splenomegaly and lymphadenopathy
(b) High CSF protein with low cell count
(c) High temperature which is remittent in course
(d) Inherited as an X-linked recessive manner

38. Mention the right statement regarding features of Cerebral palsy:

(a) It is slowly progressive
(b) Is usually fatal
(c) Inherited in an autosomal recessive manner
(d) It is central motor disorder
(e) Is usually acquired in late childhood

39. Find the false statement in Duchenne muscular dystrophy:

(a) Gower sign is usually positive after the 3rd year of life
(b) Hypertrophy of the calf muscles is associated with increased strength
(c) Is inherited in an X-linked recessive manner
(d) May present with waddling gait
(e) Usually causes death in affected patients before 20 years of age

40. In rheumatic chorea all are false except:

(a) Is more common in males
(b) There is muscle hypertrophy
(c) Speech is commonly slurred
(d) There is hypertonia and spasticity

41. Mental retardation is a constant finding in:

(a)	Down syndrome	(b)	Phenyl ketonuria
(c)	Cretinism	(d)	All of the above

42. An infant presenting with generalized hypotonia can be one of the possible diagnoses listed below except:

(a) Congenital cerebellar ataxia
(b) Chromosomal abnormality
(c) Werding-Hoffman syndrome
(d) Atonic cerebral palsy
(e) Transverse myelitis

43. Predisposing factors for paralysis in acute poliomyelitis include:

(a) Intra-muscular injection
(b) Steroid therapy
(c) Tonsillectomy
(d) Trauma to the muscle
(e) All of the above

44. Duchenne muscular dystrophy is characterized by all of the following except:

(a) Creatinine phosphokinase is markedly elevated
(b) Is associated with peripheral sensory loss
(c) Muscle affection is more proximal than distal
(d) Pseudo-hypertrophy of the calf muscles is usually associated with weakness

45. In chorea, all of the following are true except:

(a) It is spontaneous involuntary movement
(b) It is occasionally associated with change of muscle tone
(c) It commonly affects the distal than proximal muscles
(d) It may be the only feature of rheumatic activity
(e) It may be associated with cardiac affection

46. Which of the following is not typical of febrile convulsions:

(a) Age of the onset between 6 months and 6 years
(b) Seizures usually last for less than 15 minutes
(c) Positive family history in siblings or parents is commonly found
(d) Characteristic EEG findings are present in between attacks
(e) Seizures usually occur with rapid rise of temperature

47. Mark the incorrect statement:

(a) Exaggerated deep tendon reflexes accompany atonic cerebral palsy
(b) Diaplegia means paralysis confined to both lower limbs
(c) In severe mental retardation the IQ is around 30
(d) Microcephaly is a feature of maternal alcohol syndrome

48. Regarding duchenne muscular dystrophy which is true:

(a) It is autosomal dominant
(b) It is due to decreased cellular protein dystrophin
(c) Presents after the age of 8 years
(d) Associated with hearing loss

49. In acute post-infective polyneuropathy (Guillain-Bârre syndrome); the following statement is correct:

(a) Intention tremors are usually observed
(b) Presents with a rapidly progressive ascending paralysis
(c) Autonomic nervous system is usually spared
(d) The cranial nerves are never affected

50. The following investigations can help to confirm the diagnosis of Guillian-Bârre except:

(a) CT brain
(b) CSF analysis
(c) Nerve conduction velocity
(d) Electromyography

51. In post infectious polyneuropathy, all are true except:

(a) Ascending paralysis
(b) Blood pressure may be labile
(c) CSF protein is usually normal
(d) Intravenous immunoglobulin is one of the lines of therapy

52. One of the following is not a feature of Werding Hoffman disease:

(a) Progressive hypotonia
(b) Muscle wasting
(c) Mental retardation
(d) Choking and dysphagia

53. Characteristic features of upper motor neuron lesion include:

(a) Fasciculation
(b) Muscle wasting in the acute stage
(c) Hypotonia
(d) Hypo-reflexia
(e) Ankle clonus

54. All are true about CP except:

(a) It is a non fatal non curable disease
(b) Motor and sensory systems are affected
(c) Can be associated with convulsions and M.R
(d) The course is non progressive

55. Convulsions can complicate all of the following except:

(a) Hypernatremia
(b) Hypocalcemia
(c) Hypomagnesemia
(d) Hypoglycemia
(e) Hyperkalemia

56. The association between hydrocephalus and meningocele is diagnosed as:

(a) Dandy Walker malformation
(b) Arnold Chiari malformation
(c) Obstruction at duct of Sylvius
(d) Obliteration of foramina of Lustka and Magendi
(e) Angioma of the choroids plexus

57. Pure pyramidal tract lesion is characterized by:

(a) Spasticity and hypo-reflexia
(b) Rigidity and hyper-reflexia
(c) Spasticity and hyper-reflexia
(d) Choreo athetosis
(e) Spasticity and dystonia

58. All are causes of macrocranium except:

(a) Rickets
(b) Hydrocephalus
(c) Chronic sub dural hematoma
(d) Craniostenosis

59. All are true about Dandy Walker malformation except:

(a) It is cystic expansion of 4th ventricle in the posterior fossa
(b) Results from a developmental failure of the roof of 4th ventricle
(c) Prominent occiput
(d) It is a type of communicating hydrocephalus

60. The most common type of cerebral palsy is:

(a) Spastic
(b) Atonic
(c) Mixed
(d) All of the above

KEY:

1.	(c)	**2.**	(c)	**3.**	(b)	**4.**	(d)	**5.**	(d)
6.	(a)	**7.**	(c)	**8.**	(d)	**9.**	(d)	**10.**	(e)
11.	(e)	**12.**	(e)	**13.**	(e)	**14.**	(a)	**15.**	(d)
16.	(d)	**17.**	(d)	**18.**	(b)	**19.**	(c)	**20.**	(e)
21.	(a)	**22.**	(a)	**23.**	(d)	**24.**	(d)	**25.**	(e)
26.	(c)	**27.**	(d)	**28.**	(c)	**29.**	(c)	**30.**	(c)
31.	(e)	**32.**	(d)	**33.**	(d)	**34.**	(e)	**35.**	(a)
36.	(d)	**37.**	(b)	**38.**	(d)	**39.**	(b)	**40.**	(c)
41.	(d)	**42.**	(e)	**43.**	(e)	**44.**	(b)	**45.**	(c)
46.	(d)	**47.**	(b)	**48.**	(b)	**49.**	(b)	**50.**	(a)
51.	(c)	**52.**	(c)	**53.**	(e)	**54.**	(b)	**55.**	(e)
56.	(b)	**57.**	(c)	**58.**	(d)	**59.**	(d)	**60.**	(a)

Problem Solving

1. A 3-year-old female presented with peticheal rash with no other physical findings. Platelet count 20,000. The Hb is normal.
The most likely diagnosis is:

[✓ (a)] ITP
(b) Henoch-Schönlein purpura
(c) Acute lymphoblastic leukaemia
(d) DIC

2. A 5-year-old child is found deficient in iron, possible explanation includes all of the following except:

(a) Meckel's diverticulum
(b) Infestation by hook worm
(c) Peptic ulcer
(d) Recurrent epistaxis
[✓ (e)] Increased demand to iron due to accelerated growth

3. In a two-year-old male with mouth ulcers, tender bones, purpura hepatosplenomegaly and generalized lymphadenopathy. The following should be suspected in the differential diagnosis:

[✓ (a)] Acute leukaemia
(b) Hypervitaminoses D
(c) Von Jack's anaemia
(d) All of the above

4. In a 2-month-old boy with hemoglobin of 6 gm %, all statements are true except:

(a) The present of high reticulocytic count is in favour with a hemolytic origin
[✓ (b)] At this age β-thalassaemia major could not be a cause
(c) A low MCV and low MCHC favours the diagnosis of iron deficiency anemia
(d) The presence of significant organomegaly is against the diagnosis of G6PD

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5. In non-circumcised 2-year-old male patient with post-traumatic right sided knee swelling and past history of recurrent bluish eruptions over limbs and trunk, the first possibility to be in mind is:

(a) Von Willebrand disease
[✓ (b)] Hemophilia A
(c) Immune thrombocytopenic purpura (ITP)
(d) Henoch-Schönlein purpura

6. A 9-year-old patient with hemophilia A, presented by knee swelling.
The most probable diagnosis is:

(a) Rheumatic arthritis
[✓ (b)] Hemoarthrosis
(c) Septic arthritis
(d) Rheumatoid arthritis

7. A 4-year-old-child in coma, severe brain injury, diabetes insipidus with urine output 100 ml/hour.

All the following is management except:

(a) Replace excess urine output with 5% glucose and Nacl.
(b) Vasopressin in oil
(c) Extra water by nasogastric tube
[✓ (d)] Insulin
(e) Synthetic vasopressin

8. A 7-year-old child complaining of cramping abdominal pain, rash on the back of legs and buttocks, proteinuria.

The most likely diagnosis is:

(a) Systemic Lupus Erythematosus (SLE)
[✓ (b)] Anaphylactoid purpura
(c) Paroxysmal Nocturnal Hemoglobinuria (PNH)
(d) Nephrotic Syndrome

9. A child has a history of spiking fever 40°C, spindle shaped swelling of the finger joints and upper sternal pain.

The most likely diagnosis is:

(a) Rheumatic arthritis
[✓ (b)] Rheumatoid arthritis
(c) Toxic synovitis
(d) Septic osteoarthritis

10. A 5-year-old male with arthralgia had an antistreptolysin O-titre (ASO) of 400 Todd units. This is suggestive of:

(a) Rheumatie arthritis
(b) Rheumatic carditis
[✓ (c)] Recent streptococcal infection
(d) None of the above

11. A 6-month-old child has taken a diet in the last month composed of 4% protein, 50% fat, 46% CHO and the caloric intake was 105 cal/kg.

The disturbance is:

[✓ (a)] KWO
(b) Rickets
(c) Marasmus
(d) Tetany

لاحول الله/

12. A 10-month-old infant with known iron deficiency, fed solely on cow's milk, develops painful lower extremities, refuses to walk, and assumes a frog leg position when resting.

??

The likely nutritional disorder is:

(a) Protein calorie malnutrition
(b) Vitamin D rickets
[✓ (c)] Scurvy
(d) B complex deficiency
(e) Vitamin A deficiency

13. A patient with staphylococcal pneumonia suddenly develops increasing respiratory distress.

The possible diagnosis requiring the most urgent action is:

(a) Pneumatocele formation
[✓ (b)] Tension pneumothorax
(c) Progression of the pneumonia
(d) Pleural effusion

14. You are awakened in the night by your 2 years old boy, who has developed noisy breathing on inspiration; marked retractions of the chest wall, flaring of the nostrils, and a barking cough he has a mild upper respiratory infection (URI) for 2 days.

The most likely diagnosis is

(a) Asthma
(b) Bronchiolitis
(c) Pneumonia
[✓ (d)] Viral croup ??
(e) Foreign body in the right mainstem bronchus

15. A chest x-ray showed a right-sided tension pneumothorax in a patient who developed increasing respiratory distress and is now deeply cyanotic in 80% oxygen.

The best response would be to:

(a) Increase oxygen to 90%
(b) Give intravenous bicarbonate
(c) Follow blood gases
[✓ (d)] Use needle and syringe to do emergency decompression

16. A 3-year-old boy develops oedema and proteinuria. His serum cholesterol level is 322mg/100ml, his serum albumin level is 1.9gm per. 100ml. the likelihood that is he has minimal change nephrotic syndrome is about

(a) 10%
(b) 25%
(c) 40%
(d) 65%
[✓ (e)] 80%

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17. In a 9-month-old male infant with severe vomiting dehydration, parched tongue and generalized convulsions. The most probable cause is:

(a) Encephalitis
[✓ (b)] Hypernatremia
(c) Cerebral thrombosis
(d) Hypocalcaemia

18. A 3-year-boy has temp. of 39°C and stiff back for 2 days and slight resistance of the neck to flexion.

The best test to be done is:

(a) Heterophil test
(b) Throat culture
(c) Throat culture and oral penicillin
[✓ (d)] Lumbar puncture

19. A 3-year-old child awaken at night with fever 39°C, severe sore throat, barking cough, and inspiratory stridor, the optimal management include:

(a) Suction of the pharynx
(b) Throat culture
(c) Oral ampicillin
(d) Epinephrine
[✓ (e)] Immediate hospitalization for possible intubation

20. A 2-year-old child with acute paralysis of the left lower limb, intact sensations, fever and hyporeflexia most likely has:

(a) Guillian-Bârre syndrome
(b) Werding Hoffman disease
(c) Transverse myelitis in the shock stage
[✓ (d)] Acute Poliomyelitis

21. A 6-month-old infant with fever, acute hypotonia, hyporeflexia, respiratory distress and asymmetric paralysis of both lower limbs most likely has:

(a) Congenital myopathy
(b) Werding Hoffman disease
(c) Meninogoencephalitis
[✓ (d)] Acute poliomyelitis
(e) None of the above

22. A three-day-old newborn is jaundiced. Total serum bilirubin is 15.5 mg% (direct 0.5 mg%). Additional data that could be associated with this newborn include the following except:

(a) Breast feeding
(b) Normal sized liver
(c) History of jaundice in a sibling
[✓ (d)] Family history of Rotor's syndrome
(e) Family history of hereditary spherocytosis

23. A baby born with cord bilirubin = 5 mg, 2 h after labor it increased to 8mg with no history of premature rupture of membrane (PROM).
The most probable cause is:

(a) Congenital spherocytosis
(b) Sickle cell anemia
[✓ (c)] RH incompatibility
(d) Breast milk jaundice
(e) α-thalassemia

24. A 3-month-old infant presented with jaundice, dark urine and clay coloured stools, HIDA scan shows the dye in liver, and urinary bladder, but not in the intestine.
The most probable diagnosis is:

(a) ABO incompatibility
(b) Breast milk jaundice

25. An infant born with hypotonia, hyporeflexia, fasiculations and follow up shows normal mentality with no motor improvement.

The most probable diagnosis is:

[✓ (a)] Spinal muscular dystrophy
(b) Duchenne myopathy
(c) Polio myelitis
(d) Hypoxic Ischemic encephalopathy

26. A 15-year-old girl with short stature neck webbing and sexual infantilism is found to have Coarctation of the aorta.

The most likely diagnosis is

(a) Marfan's syndrome
(b) Down's syndrome
[✓ (c)] Turner's syndrome
(d) Ellis-van Creveld
(e) An unrelated group of findings

27. A 2-year-old girl with right knee arthritis, fever, toxemia and anorexia most probably has:

(a) Rheumatic fever A.T.
[✓ (b)] Septic arthritis
(c) Systemic lupus erythematosus
(d) Sickle cell anemia

28. A 5-year-old boy presented with sudden onset of oedema that started in his lips and eye lids, then spread to the genitalia and every where else.

What is the first possibility:

(a) Nutritional anemia
(b) Nephrotic syndrome
(c) Hepatic insufficiency
[✓ (d)] Angioneurotic oedema
(e) Heart failure

29. A 12-year-old girl presented with purpura, recurrent fever and arthralgia her platelet count was 30.000 and her ESR was 90.

The most important investigation to be done is: ??

(a) Antistreptolysin O-titre (ASOT)
(b) Blood culture
[✓ (c)] Anti- nuclear antibody
[✓ (d)] Platelet functions
(e) Bleeding and clotting time

30. An 18-month old infant with acute flaccid paralysis of the right lower limb, hyporeflexia, intact sensations and nasal tone most probably has:

(a) Guillian-Bârre syndrome
[✓ (b)] Acute poliomyelitis
(c) Cerebrospinal meningitis
(d) Atonic CP
[illegible] paralysis

31. A 12-month-old infant presented with gastroenteritis, fever, drowsiness, and severe loss of skin elasticity, oliguria and moist tongue.
The most likely diagnosis is:
(a) Viral encephalitis
(b) Hypertonic dehydration
[✓ (c)] Hypotonic dehydration
(d) Diabetic coma

32. An over-weight neonate with hoarse cry, umbilical hernia, coarse features, constipation and difficulty in suckling most probably has:
(a) Neonatal sepsis
(b) Intracranial hemorrhage
(c) Infant of diabetic mother
[✓ (d)] Congenital hypothyroidism

33. A 7-year-old child with acute symmetrical paralysis of both lower limbs, hypotonia, hypo-reflexia and facial palsy most probably has:
(a) Transverse myelitis
(b) Post-diphtheritic paralysis
[✓ (c)] Guillian-Bârre syndrome
(d) Acute poliomyelitis

34. A 9-month-old infant presented with progressive flaccid paralysis of all limbs that started since birth. He had a bright look and signs of respiratory distress.
The most likely diagnosis is:
[✓ (a)] Werding Hoffman disease
(b) Atonic CP
(c) Poliomyelitis
(d) Duchenne myopathy
(e) Post- kernicteric paralysis

35. A 5-year-old girl presented with yellowish discoloration of the sclera, nausea, vomiting and fever. Her urine was dark and had tender hepatomegaly.
Most probably the diagnosis will be:
(a) Heart failure
(b) Chronic hemolytic anemia
[✓ (c)] Infective hepatitis
(d) Calculous cholecystitis

36. A 2-year-old patient presented with fever, cough and breathlessness of 2 days duration. The condition was preceded by running nose and mild cough one week before. On examination the patient was toxic, rectal temp. 39.6 °C, HR 145/min, RR 75/min. there were working alae nasi and chest auscultation revealed bilateral infrascapular consonating crepitations. The blood picture showed a TLC: 28000/mm^3 and the CXR showed semihomogenous scattered opacities.
The most likely diagnosis is:
(a) Acute bronchial asthma
(b) Acute bronchiolitis
[✓ (c)] Bronchopneumonia
(d) Acute epiglottitis

37. A 3-year-old boy presented with fever (38.2°C), pallor, purpuric eruption over trunk and extremities and hepatomegaly. The history dated one week ago.

The first investigation to be done is:

(a) Liver function tests
(b) Abdominal ultrasound
[✓ (c)] Complete blood picture and platelets count
(d) Bone marrow examination

38. A 7-year-old boy developed fever and painful joints of 1-week duration. Two days later, he developed dyspnea & inability to sleep flat in the bed. O/E, he looked tired, temp 38.1 °C & HR 140/min. The neck veins were congested and the right hypochondrium was tender. The knees were swollen, red, hot and later on the ankles were involved a pansystolic murmur was heard at the heart apex. TLC 16000/mm^3, ESR 65mm/hr, ASOT 380 Todd units, ANA was negative and chest X-ray showed cardiomegaly.

The most likely diagnosis is:

(a) Rheumatoid arthritis
[✓ (b)] Rheumatic activity
(c) Septic arthritis
(d) Congenital heart disease

39. A child aged 1 year presented with hypotonia and hyper-reflexia more evident in the lower limbs and spontaneous movements of the four limbs.The condition dates since birth and a stationary course.

This is a case of:

(a) Atonic quadriplegic cerebral palsy
[✓ (b)] Atonic diplegic cerebral palsy
(c) Extrapyramidal quadriplegic cerebral palsy
(d) Extrapyramidal diplegic cerebral palsy

40. A child presented with recurrent attacks of diarrhea O/E, the tongue was very dry, skin was grayish with moderate loss of elasticity and was warm. Later, the child started to convulse.

Which of the following investigations is more likely fitting with the case:

[✓ (a)] Serum sodium level of 160 mEq/L
(b) Serum sodium level of 120 mEq/L
(c) Serum sodium level of 6 mEq/L
(d) Serum sodium level of 2.5 mEq/L

41. A 2-year-old patient presented with fever (39.4°C), poor feeding, vomiting and lethargy of 24 hours duration. On examination neck flexion was impaired, blood pressure 80/59, HR 140/m developed generalized tonic- clonic seizures.

The most likely diagnosis:

(a) Idiopathic seizures
(b) Febrile convulsions
[✓ (c)] Cerebrospinal meningitis
(d) Brain tumor

42. A 4-year-old boy presented with acute colicky abdominal pain, pain in the knees and ankles and a rash over the lower extremities. The rash was initially urticarial and later became purpuric. Blood picture showed a TLC 12.500/mm^3, platelets 220.000/mm^3 and ESR 15mm/hr.

The most likely diagnosis is:

(a) Rheumatic fever
[✓ (b) Henoch-Schönlein vasculitis]
(c) Idiopathic thrombocytopenic purpura
(d) Rheumatic arthritis

43. A child with clinical evidence of rickets, serum calcium of 11 mg%, serum phosphorous of 4.5 mg% and increased urinary excretion of hosphoethanolamine.

The most likely diagnosis is:

(a) Vitamin D-deficiency rickets
(b) Renal osteodystrophy
(c) Liver disease
[✓ (d) Hypophosphatasia]

44. An infant presenting with generalized hypotonia, of gradual onset and progressive course. The child could recognize mother and close relatives at an appropriate age.

The most likely diagnosis is:

(a) Chromosomal abnormality
[✓ (b) Werding-Hoffman]
(c) Atonic paraplegia
(d) Atonic cerebral palsy(CP)

45. A 4-year-old child developed acute onset of headache, epistaxis and dark urine. The patient complained of sore throat, high fever and bad odour of breath 3 weeks before. On examination temp. 37°C, pulse 80/min, BP 150/90. There was puffiness of eyes but chest, heart and abdominal examination were free.

The most likely diagnosis is:

(a) Nephrotic syndrome
[✓ (b) Poststreptococcal glomerulonephritis]
(c) Idiopathic thrombocytopenic purpura
(d) Meningitis

46. A 5-year-old child developed acute onset of fever, headache, vomiting and convulsions. On examination temperature was 39°C and pulse 100/min. There was inability to flex the neck with +ve kernig's sign. CSF examination revealed protein level of 200 mg%, WBC 3000/cmm and glucose content of 20 mg%.

The most likely diagnosis is:

(a) Bacterial meningitis
(b) Viral meningitis
(c) Brain abscess

47. A one-year-old infant had a history of high-grade fever without localization and convulsed once in the last 4 days. Today he developed a generalized maculopapular skin rash. On examination temperature was 37°C without antipyretics and fair general condition.
The most likely diagnosis is:

(a) Measles
(b) Rubella
[✓ (c) Roseola infantum]
(d) Scarlet fever

48. An 18-month-old infant presented with primary inability to walk. She can recognize her parent and can say syllables. On examination weight was 11 kg, length 83 cm, skull circumference: 44 cm. Neurologic examination revealed spasticity of both lower limbs with exaggerated reflexes.
The most likely diagnosis is:

[✓ (a) Spastic CP]
(b) Primary microcephaly
(c) Mental retardation
(d) Hydrocephalus

49. A 4-year-old child with acute onset of pain in both lower limbs followed by secondary inability to walk. O/E. There was tenderness of the calf muscles, parasthesia of feet and legs, and hypotonia and hypo-reflexia bilaterally in both lower limbs, more distal than proximal.
This is most likely a case of:

(a) Poliomyelitis
(b) Pott's disease
(c) Werding-Hoffman
[✓ (d) Guillain-Barré syndrome]

50. A 2-year-old child with acute onset of fever, sore throat and convulsions. On examination temperature was 39°C, tonsils were enlarged and congested, and neurological examination was free. His CSF examination was normal.
The most likely diagnosis is:

(a) Encephalitis
[✓ (b) Febrile convulsions]
(c) Brain tumor
(d) Guillain-Barré

51. A 3-year-old child presented with history of delayed motor and mental milestones of development. The patient passes stools once every 4 days and he does not share activities with other children. On examination temperature was 37°C, pulse 60/min, weight 18 kg, and height 80 cm. Eyelids were puffy. Abdomen was distended with umbilical hernia, rough skin and non-pitting edema of both lower limbs.
This is most likely a case of:

(a) Nephritic Syndrome
[✓ (b) Cretinism]
(c) Down syndrome
(d) Congenital megacolon

52. A one-year-old child with history of progressive pallor for which he received blood transfusion twice. On examination the patient was pale, liver span is 12 cm; spleen is 5 cm below the left costal margin. There is a positive family history of repeated blood transfusion and cholecystectomy in the father. Hemoglobin electrophoresis was normal.

The most likely diagnosis is:

(a) β-thalassemia major
(b) β-thalassemia minor
[✓ (c) Hereditary Spherocytosis]
(d) Sickle cell anemia

53. A 3-year-old boy, whose arterial blood sample revealed a PH of 6.9 and HCO_3^- level of 7 m Eq/L, is having the following problem:

(a) Metabolic alkalosis
[✓ (b) Metabolic acidosis]
(c) Respiratory alkalosis
(d) Respiratory acidosis

54. A 1-year-old male infant complained of dark discoloration of urine following the ingestion of fava beans. He had positive history of similar condition in the family. The most likely mode of inheritance of the current condition is:

[✓ (a) X-linked recessive]
(b) X-linked dominant
(c) Autosomal recessive
(d) Autosomal dominant

55. A 6-year-old child complained of difficulty in running and later on of walking of gradual onset and progressive course. Now the child cannot stand up from the ground unsupported. Examination revealed abnormal gait and hypertrophy of some of the muscles.

The most appropriate diagnostic investigation:

(a) Cerebrospinal fluid examination
(b) Nerve conduction velocity
[✓ (c) EMG]
(d) Brain CT scanning

56. A 5-year-old child complains of fever, severe headache and convulsions of one-day duration. Examination revealed neck stiffness and fundus examination revealed papilledema.

The most appropriate investigation is:

(a) CBC
(b) Cranial ultrasound
(c) Examination for error of refraction
[✓ (d) Cerebrospinal fluid examination]

57. A 1-year-old child presented because of delay in sitting and standing. His mother gave history of rash during pregnancy. His examination showed skull circumference of 52 cm, abnormal swelling in the lower back region and hypotonia and hyporeflexia of both lower limbs.

The most appropriate investigation is:

[✓ (a)] CT- brain
(b) Electromyogram
(c) Nerve conduction velocity
(d) CSF examination

58. A 9-month-old infant having severe vomiting and diarrhea, developed peticheal eruption, severe pallor and anuria.

The infant is having the following complications:

(a) Intussusception
(b) Reactive arthritis
[✓ (c)] Hemolytic uremic syndrome
(d) Peritonitis

59. A 9-months old infant having severe gastroenteritis who showed deterioration of vomiting, marked abdominal distention, severe crying episodes and passage of mucus with blood per rectum.

The most likely diagnosis is:

[✓ (a)] Intussusception
(b) Dysentery
(c) Renal failure
(d) Encephalitis

60. A 1-year-old infant treated as a rachitic patient and received multiple injections of shock therapy. The infant presented with anorexia and polyurea on examination. He was dehydrated, pale with tender bones but no rachitic manifestations. Plain X-ray showed calcification in both loins.

The most likely diagnosis is:

(a) Neuroblastoma
[✓ (b)] Hypervitaminosis D
(c) Diabetes mellitus
(d) Fanconi syndrome

61. A 3-year-old patient presented with fever of one-week duration. On examination there was maculopapular rash, generalized lymphaadenopathy, mild hepatosplenomegaly. His blood picture showed total leucocytic count of 20.000, 20% of which were atypical lymphocytes.

The most likely diagnosis is:

(a) Measles
(b) Roseola infantum
[✓ (c)] Infectious mononucleosis
(d) Leukemia

62. A 9-year-old girl presents with arthritis of both knees of 6 months duration, rash on the butterfly area of the face, ▯ ephritic syndrome and pleurisy. Her blood picture shows anemia and ▯ ephritic▯ openia.

What is the possible diagnosis:

(a) Minimal change ▯ ephritic syndrome

(b) Rheumatic fever

[✓ (c) Systemic lupus erythematosus]

(d) Acute leukemia

63. A five-year-old child presented with severe headache. On examination the child was hypertensive, with puffy eyelids, he had also hematuria and oliguria. The parents gave history of acute follicular tonsillitis two weeks before.

What is the possible diagnosis:

(a) Acute viral hepatitis

[✓ (b) Acute post streptococcal glomerulonephritis]

(c) Acute hemolysis

(d) Minimal change nephrotic syndrome

64. A 9-month-old infant presented with repeated chocking & inability to sit. On examination there was hypotonia, weakness, bilateral, symmetrical, proximal as distal, in spite of exaggerated reflexes.

In this patient all of the following are true except:

(a) Sensations are intact

(b) Bulbar palsy

[✓ (c) There's tongue fasciculation]

(d) CPK is normal

65. A 12-year-old male patient presented by weakness, hypo-reflexia in both upper & lower limbs, bilateral symmetrical, proximal more than distal, pseudo-hypertrophy of quadriceps muscles. This condition started at the age of 5 years with history of similar condition in his brother.

In this patient all of the following are true except:

(a) Increased CPK

[✓ (b) Impaired nerve conduction velocity]

(c) Sensations are intact

(d) Examination of the heart is mandatory

66. A 6-year-old male patient presented to our hospital with purpuric eruptions mainly over the lower limbs, with arthritis, abdominal colic, bleeding per rectum & oliguria with smoky urine with history of viral infection 2-3 weeks ago.

In this patient all of the following are true except:

(a) Prolonged bleeding time

[✓ (b) Increased megakaryocytes inside BM]

(c) Normal platelet function

(d) Normal platelet count

67. A 2-year-old male patient with fallot's tetralogy presented with generalized tonic clonic convulsions. The most probable diagnosis is:

(a) Cyanotic spells

(b) Brain infarction

(c) Brain abscess

[✓ (d)] All of the above

68. A 1½-year-old infant presented by respiratory distress and cyanosis with history of chocking 1 week ago. On examination there was tachypnea and working alae nasi, intercostal & and subcostal retraction with hyper-resonant note on percussion & sibilant rhonchi on the right side. There's no history of similar attack in his family. The diagnosis is:

(a) Bronchiolitis

(b) Viral pneumonia

[✓ (c)] F B inhalation

(d) Bronchial asthma

69. An 18-month-infant presented for the time with wheezy chest & RD, with history of upper respiratory tract catarrhal symptoms 2 days ago. On examination there was tachypnea & working alae nasi, intercostals & subcostal retraction and impaired note on percussion by auscultation, air entry was diminished with bilateral sibilant rhonchi all over the chest.

The most suspected diagnosis is:

(a) Bronchiolitis

(b) Bronchial asthma

[✓ (c)] Viral pneumonia

(d) Foreign body inhalation

70. A well-known patient with hereditary spherocytosis presented with severe abdominal colic mainly in the Rt hypochondrium referred to the inferior angle of Rt scapula, without fever with history of fatty dyspepsia & tea coloured urine. On examination there was marked tenderness over the right hypochondrium & lemon yellow jaundice.

This patient is mostly complicated with:

(a) Hepatitis

[✓ (b)] Gall bladder stone

(c) Gastroenteritis

(d) Non of the above

(e) All of the above

71. A female child presenting with epistaxis and bleeding gums of a 2-day duration clinical examination revealed scattered petechiae and ecchymosis over the upper and lower limbs. No pallor No organomegaly. CBC showed platelet count 50.000/cmm. Hb 11 gm/dl.

The most appropriate diagnosis is:

(a) Henoch-Schönlein purpura

[✓ (b)] Immune thrombocytopenic purpura

(c) Hemophilia A

72. A 4-year-old male child presenting with puffiness of the eyelids of one-week duration. Three days ago he started to develop edema of both lower limbs. Clinical examination revealed temp. 37°C BP 80/60 mmHg puffiness of eyelids, with edema of both lower limbs up to the chin of the tibia urine analysis revealed; Hyaline casts and proteinuria ++, pus cells 5/HPF.

The most appropriate diagnosis is:

Acute post streptococcal glomerulonephritis
[✓ b] Minimal lesion nephrotic syndrome
Nephritic nephrotic syndrome
Urinary tract infection

73. A 10-month old male infant presenting with pallor. Clinical examination revealed marked pallor. H R 120/min temp. 37°C. No organomegaly CBC done showed WBCS 9.000/cm Hb 8.5gm/dl, MCV 67 PL MCH 21pg platelets 180.000/cmm. Dietetic history of this infant breast-fed with no weaning up till now.

The most appropriate diagnosis is:

(a) Thalassemia major
(b) Spherocytosis
[✓ (c)] Iron deficiency anemia
(d) Vitamin B_{12} deficiency anemia

74. A 4-year-old male child developed on upper respiratory tract infection that was followed in a 2-weeks by generalized edema. His blood pressure is normal urinalysis reveals 2 to 5 RBC / HPF and 4 + protein. His BUN is 19mg/dl, creatinine 0.6 mg/dl, ASOT 200 and C_3 is normal.

The most likely diagnosis would be:

(a) Post streptococcal glomerulonephritis
[✓ (b)] Minimal lesion nephrotic syndrome
(c) Membranoproliferative glomerulonephritis
(d) Hemolytic uremic syndrome

75. A 5 years old male presents with a 1 month history of bone pain, increased bruising, swollen lymph glands and recurrent fever laboratory studies reveal a hemoglobin value 6.8 g/dl, platelet count 60.000/mm^3 and leukocyte count 35000/mm^3.

The most likely diagnosis is:

(a) Neuroblastoma
[✓ (b)] Acute lymphoblastic leukemia
(c) Wilm's tumor
(d) Histiocytosis

76. The diagnostic investigation in the previous case would be:

(a) Lymph node biopsy
(b) C T brain
[✓ (c)] Bone marrow aspirate
(d) ESR

77. A 10-month-old white male presents with a 1-day history of persistent bleeding after cutting his lip slightly. The family history is unremarkable, and the patient is receiving no medications. Laboratory date reveal a hemoglobin value of 11g/dl, platelets of 350.000, a prothrombin time of 11.8 seconds and a partial thromboplastin time (PTT) of 100 seconds which is corrected by mixing, with normal plasma.

The most likely diagnosis is:

(a) Factor VII deficiency
[✓ (b) Hemophilia A]
(c) Scurvy
(d) Aplastic anemia

78. The next diagnostic step for the previous patient would be:

(a) Coombs test
[✓ (b) Factor VIII assay]
(c) Bone marrow aspirate
(d) Bleeding time
(e) Fibrinogen concentration

79. An 18-month-old male infant is noted to assume a squatting position frequently during playtime at the daycare center. The mother also notices occasional episodes of perioral cyanosis during some squatting periods. The day of admission, the child becomes restless, hyperpnoea and deeply cyanotic.

The most likely diagnosis is:

(a) Cardiomyopathy
[✓ (b) Tetralogy of Fallot]
(c) Cystic fibrosis
(d) Anomalous coronary artery
(e) Aspiration pneumonia

80. An 18-month-old female infant develops respiratory distress with fever, tachypnea, stridor and retractions during an upper respiratory tract infection. The parents report that the child became more worse on supine position.

The most likely diagnosis is:

(a) Asthma
(b) Laryngotracheomalacia
(c) Group A streptococcal pharyngitis
[✓ (d) Epiglottitis]
(e) Tuberculosis

81. A 12-year-old girl in a wheel chair, she is mentally backward and has posturing dystonic and choreo-athetotic movements. She has a past history of severe neonatal jaundice and NICU admission.

Differential diagnosis:

(a) Guillian-Bârre syndrome
(b) Acute Poliomylitis
(c) Acute encephalitis
[✓ (d) Post Kernicteric cerebral palsy]

82. A thin looking girl with gross muscle wasting of all 4 limbs, she is lying in a windswept position (alternatively, she could be in a wheel chair with support). She is drooling. There is generalized hypertonia with contractures and increased reflexes with bilateral positive Babinski sign.

Differential diagnosis:

(a) Tetanus
(b) Tetany
[✓ (c)] Spastic cerebral Palsy
(d) Acute polio

83. An 8-year-old boy, who is able to walk with the aid of a walking frame and foot orthoses, he has a wide based gait and an exaggerated lumber lordosis. His calves are hypertrophied. On examination of the peripheral nervous system, he has a +ve Grower's sign and increased muscle bulk of his thighs, there is weakness of his hip flexors. There are absent knee jerks. He has a scoliosis deformity.

Differential diagnosis:

(a) Cerebral Palsy
(b) Acute polio
(c) Chronic polio
[✓ (d)] Duchenne Muscle dystrophy

84. A female infant 6-month-old appears to be well grown. She is in head box oxygen and is in respiratory distress with resp. rate 80 cycle/min, nasal flaring, and intercostals recession. There is no cyanosis. Auscultation of her chest reveals bilateral inspiratory and expiratory wheezes.

Differential diagnosis should include:

(a) Acute bronchitis
[✓ (b)] Acute bronchiolitis
(c) Acute laryngitis
(d) Acute sinusitis

85. A well looking Caucasian boy with tachypnea. Respiratory rate was 48 cycle/min. auscultation of his chest reveals bilateral expiratory wheeze with a prolonged expiratory component. He had a history of repeated attacks of respiratory distress and hospital admission.

Differential diagnosis should include:

[✓ (a)] Bronchial asthma (B.A.)
(b) Chronic bronchitis
(c) Acute laryngitis
(d) Emphysema

86. A two-year-old boy had severe vomiting and diarrhea and received gentamycin IV as a line of treatment. After few hours, the child developed acidotic breathing and became anuric.

What is the possible diagnosis:

(a) Diabetic ketoacidosis
(b) Obstructive uropathy
[✓ (c)] Acute Renal failure
(d) Urinary tract infection

87. A 1-month-old infant of consanguineous parents with jaundice, vomiting, convulsions and urine analysis revealed the presence of reducing substance in the urine.

Most probable diagnosis:

(a) Prolonged physiological jaundice
(b) Hypothyroidism
[✓ (c)] Galactosemia
(d) Biliary atresia

88. A 2-year-old child presenting with severe pallor, severe pain and swelling in the small joints of both hands and feet on exposure to hypoxy. Investigations revealed Hb of 7 gm/dl, normocytic normochromic anemia, increased reticulocytic count, indirect hyperbilirubinemia and negative coomb's test.

The most probable diagnosis is:

(a) β-thalassemia major
[✓ (b)] Sickle cell anemia
(c) Autoimmune hemolytic anemia
(d) Iron deficiency anemia

89. The most specific laboratory test to do is:

(a) Liver function tests
[✓ (b)] Hb electrophoresis
(c) ESR
(d) C-reactive protein

90. A 3-year-old young girl presenting with hematuria of one-week duration, with loss of weight and cachexia. On abdominal examination, there is mass in the right upper quadrant, with fullness in the right loin. There is hypertension.

Differential diagnosis should include one of the following:

(a) Ovarian tumour
(b) Choledochal cyst
[✓ (c)] Wilms tumour
(d) Hydrometrocolpos

91. An infant 1-year-old had severe diarrhea since 2 days, started to develop constipation. On examination, he is found to be toxic, dehydrated with marked abdominal distension and absent intestinal sounds by auscultation.

The most probable diagnosis:

(a) Intussusception
[✓ (b)] Paralytic ileus
(c) Volvulus
(d) Uncomplicated GE

92. A 2-year-old child with Ht < 3rd percentile for age, primary delayed walking and speech, protuberant abdomen with umbilical hernia and dry pale skin and puffy eyelids, and prominent tongue, no organomegaly

Most probable diagnosis is:

(a) Vitamin D def rickets
(b) CMV infection
[✓ (c)] Congenital Hypothyroidism
(d) Phenylketonuria

93. A 12-year-old girl with arthritis of both elbow joints, butterfly rash on the face and bleeding per nose and mild splenomegaly. Investigations revealed platelet count 60.000/cmm high ESR, negative ASOT, +ve antinuclear antibody (ANA).

Most probable diagnosis:

(a) Septic arthritis
[✓ (b)] Systemic lupus erythematosus
(c) Rheumatic fever
(d) Thrombasthenia

94. A 5-year-old child with complaint of polyuria and polydypsia of month duration. Urine analysis revealed sugar Nil, acetone Nil, nitrites Nil, specific gravity 1005.

The most probable diagnosis is:

(a) Diabetes mellitus
[✓ (b)] Diabetes insipidus
(c) Renal failure (chronic)
(d) Urinary tract infection

95. A 2-year-old child with primary delayed motor and mental development, with blond hair, microcephaly and seizures. The urine has musty odour. No organomegaly.

Differential diagnosis should include one of the following:

[✓ (a)] PKU (Phenylketonuria)
(b) Lipid storage disease
(c) Hypothyroidism
(d) Osteopetrosis

96. A 45-day-old infant with jaundice started at the age of 2 weeks and progressive. Ex reveals hepatomegaly: Total S. bilirubin is 20 mg/dl with indirect 0.2 mg/dl, normal ALT & AST values and increase γ- glutamyl transferase.

The most probable diagnosis is:

(a) G6 PD deficiency
(b) Hypothyroidism
(c) Criggler Najjar syndrome
[✓ (d)] Congenital biliary atresia

97. A 6-year-old child presenting with puffiness of eyelids with reddish discolouration of urine and oliguria, BP is 140/90. There is history of pyogeneic skin infection in the previous two weeks.

Most probable diagnosis:

(a) Post streptococcal glomerulonephritis
(b) Minimal lesion nephrotic syndrome
[✓ (c)] Acute pyelonephritis
(d) Infective endocarditis

98. A 6-year-old female child presenting with fever 39°C, and arthritis of both ankles of 2 days duration. On examination, has toxic look, is dyspneic. HR was 140/min. and respiratory rate 25/min. Chest was free. Cardiac examination revealed muffled heart sounds. Investigations revealed polymorphonuclear leucocytosis, ESR 1st hour 100, ASOT 800 IU/L., -ve antinuclear antibody (ANA).

The most probable diagnosis is one of the following:

[✓ (a)] Acute rheumatic fever
(b) Typhoid fever
(c) Infectious mononucleosis
(d) Systemic lupus erythematosus

99. A 2-year-old female child presenting with history of recurrent chest infections since birth. On examination, no cyanosis and no clubbing, HR 140/min, resp. rate 22/min. chest examination is free. Cardiac auscultation revealed the presence of machinery continuous murmur over the left 1st intercostal space with palpable continuous thrill. X ray chest revealed cardiomegaly with prominent pulmonary trunk and pulmonary vessel.

Diagnosis is one of the following:

(a) Atrial septal defect
(b) Ventricular septal defect
[✓ (c)] Patent ductus arteriosus
(d) Atrio-ventricular canal

100. A 6-year-old child complains of attacks of cyanosis on exertion progressive over the last year. Since the age of one year, he was diagnosed as having large VSD, but not operated upon. On examination, he has central cyanosis with 2nd degree clubbing of the fingers of both hands and feet, but no dyspnea at rest and no congested neck veins. Heart auscultation revealed heart rate 80/min, accentuated 2nd heart sound over the pulmonary area and harsh pansystolic murmur over the right parasternal region radiating to the whole precordium.

Most probable diagnosis is one of the following:

[✓ (a)] VSD with heart failure
(b) VSD with infective endocarditis
(c) VSD with Eisenminger syndrome
(d) Uncomplicated VSD

101. A 3-year-old female child presenting with high fever 40°C of 3 days duration. On examination, she is distressed, toxic with central cyanosis but no clubbing HR 158/min, Resp. rate 60/min. percussion of the chest revealed stony dullness on the right side both anteriorly and posteriorly. Auscultation revealed absent air entry on the right side. The most possible clinical diagnosis is either of the following:

(a) Right sided pneumothorax
(b) Right sided emphysema
[✓ (c)] Right sided empyema
(d) Right sided pneumonia

102. A two-year-old male child presenting in the emergency room with enlarged tender swollen left knee joint with painful limitation of movements. There is history of similar condition in this joint 2 months ago and it resolved on therapy and rest. Examination revealed multiple ecchymotic patches over the buttocks, possibly related to mild trauma. Mother gives history of bleeding after circumcision.
Most probable clinical diagnosis is:

(a) Henoch-Schönlein vasculitis
[✓ (b)] Hemophilia A
(c) Rheumatic arthritis
(d) Thrombasthenia

103. A 6-year-old female child presented in the ER with epistaxis of 2 days duration. Two weeks before presentation she had flu-like illness. On examination in ER: good general condition, no pallor, HR 82/min, respiratory rate 19/min, red spots and ecchymotic patches are observed over the abdomen, and the chin of both tibiae. No organomegaly was present. Investigations revealed Hb 12 gm/dl, WBC 9000 PLT 30.000/cmn, PT 12 sec. and PTT 32 sec. and normal platelet function.
The most probable diagnosis is:

[✓ (a)] Acute ITP
(b) Acute leukemia
(c) Aplastic anemia
(d) Hemophilia

104. A 10-year-old child presenting in the out patient clinic with some pallor progressive over the last week with persistent fever. On examination his temperature was 39°C, and he was found toxic, severely pale, purpuric eruptions and ecchymotic patches were present over the limbs and the trunk. Chest examination revealed evidence of bronchopneumonia, abdomen: No organomegaly. Investigations revealed Hb 6 gm/dl, PLT count 20.000/cmm. TLC 2200/cmm, including 2% neutrophils and 98% lymphocytes.
Most probable clinical diagnosis is:

(a) ITP
[✓ (b)] Aplastic anemia
(c) Chronic hemolytic anemia
(d) [illegible]

105. The most important investigation to be done is:
(a) PT and PTT
(b) Platelet functions
[✓ (c)] Bone marrow examination
(d) Hb electrophoresis

106. A 4-year-old child presenting with severe pallor. On examination, there is tinge of jaundice, marked pallor, enlarged spleen reaching to the right iliac fossa. Family history revealed that an uncle had splenectomy for splenomegaly. Investigations revealed indirect hyperbilirubinemia, Hb 6 gm/dl, retics count 4%, Hb electrophoresis revealed Hb A 98% and Hb A_2 2%, osmotic fragility test is positive, coombs test negative.
The most possible diagnosis includes one of the following:
[✓ (a)] β-thalassemia major
(b) Hereditary spherocytosis
(c) Iron deficiency anemia
(d) G6 PD deficiency

107. A 10-year-old male presented with inability to stand and pain over both lower limbs of one-day duration, by examination there was bilateral symmetrical weakness and hypotonia of both lower limbs with inability to elicit deep tendon reflexes. On the next day he couldn't sit from a supine position, then be couldn't use his upper limbs with development of repeated chocking, dysphagia and nasal regurge.
The most probable diagnosis is:
(a) Guillian-Bârre syndrome
[✓ (b)] Acute polio
(c) Spinal muscular dystrophy
(d) Cerebral palsy

108. A 14-year-old female, admitted to educational institute for mentally backwards. Her height is: 100 cm, her wt is 45 kg. pulse = 50/min. blood pressure: 110/70. She has curly hair ugly facies with periorbital edema, and large protruded tongue, and rough yellowish skin. Abdominal examination revealed no organomegaly, and a large umbilical hernia.
The most probable diagnosis is:
[✓ (a)] Cretinism
(b) Galactosemia
(c) Turner syndrome
(d) Simple mental retardation

109. A 3-year-old male presented in the emergency room with disturbed level of consciousness, acidotic breathing with acetone odour of breath and moderate dehydration. By history there was secondary urinary incontinence, but no history of vomiting or diarrhea prior to presentation. Blood PH was 7.1, bicarbonate 5, CO_2 16. Serum K 6, Na 135. Urine acetone ++.
The most probable diagnosis is:
(a) Acute renal failure
[✓ (b)] Diabetic ketoacidosis
(c) Chronic renal failure

110. A pre term new born, started his oral feeding on the 6th day post natally after control of sepsis. When feeding reached 20 cc/ feed half concentration the doctor noticed increased gastric residue up to ¾ of the previous feed and abdominal distension. On the next day the gastric aspirate started to be bloody. Plain x ray abdomen was diagnostic. The most probable diagnosis is:

[✓ (a) Necrotizing enterocolitis]
(b) Intestinal obstruction
(c) Hemorrhagic disease of newborn
(d) Hypertrophic pyloric stenosis

111. A one-year-old infant presented with high fever (39.5°C), decreases only on antipyretics, associated with only mildly congested tonsils. The fever lasted for 4 days and on the 5th day the fever dropped with appearance of maculopapular rash.
What is the most probable diagnosis taking in consideration that he received all his obligatory vaccines?

[✓ (a) Roseola infantum]
(b) Measles
(c) Chicken pox
(d) Infectious mononucleosis

112. A 15-year-old female, her mother sought medical advice because of repeated failure at school. The doctor noticed abnormal features in the form of webbing of neck, low posterior hairline, short-stature (her height was 120 cm). Her upper limbs showed wide carrying angles. Her sex maturity rating was subnormal for her age.
The most probable diagnosis is:

(a) Cretinism
(b) Down syndrome
(c) Simple mental retardation
[✓ (d) Turner syndrome]

113. A 6-year-old female presented with epistaxis. Her general condition was fair, by examination. 14 tiny discrete violet spots of 1-2 mm in diameter were found all over her body, but more over the abdomen. There was no lymphadenopathy or organomegaly.
The most probable diagnosis is:

[✓ (a) ITP]
(b) Hemophilia
(c) Hemolytic uremic syndrome
(d) DIC

114. A 12-year-old female sought medical advice because of severe pain of her right knee of one-day duration. By examination, the knee was swollen, red, hot and extremely tender, by the next day the lesion progressed to the left ankle, then to the left knee with resolution of the right knee lesion.
The most probable diagnosis is:

[✓ (a) Rheumatic arthritis]
(b) Rheumatoid arthritis
(c) Septic arthritis
(d) Ewing sarcoma

115. A 2-month-old male infant presented with mild degree of dehydration and simple under weight. By history there was repeated vomiting almost after each feed since the age of 2 weeks. Abdominal examination revealed almond shaped mass in the epigastrium to the right of mid line. Blood gas analysis revealed that blood PH is 7.48 his serum Na was 138 mEq/L. serum K was 2.8 mEq/L. and Cl. was 80.

What is your most probable diagnosis?

[✓ (a)] Hypertrophic pyloric stenosis
(b) Volvulus
(c) Urea cycle abnormality
(d) Gastroesophageal reflux

116. A 1-year-old male presented to the emergency room by severe pallor and change of color of urine after intake of a cough remedy for a common cold. His pulse was 150/min, his BP was 60/40 and an orange yellow tinged sclera was noticed. Abdominal examination revealed no organomegaly.

What is the most probable diagnosis is:

[✓ (a)] G6PD deficiency
(b) Thalassemia
(c) Sickle cell anemia
(d) Iron deficiency anemia

117. A 3-year-old male child, his mother sought medical advice because of progressive bulge of his right eye and generalized tenderness all over his body. By examination the general condition was bad, the child was pale, 3 skull swellings were palpated, ecchymotic patches were seen around the proptotic eye together with petichial rash over the abdomen. Abdominal examination revealed mass in the right hypochondrium with coarse nodular surface.

Differential diagnosis should include first:

(a) Leukemia
[✓ (b)] Neuroblastoma
(c) Meningitis
(d) Endophthalmitis

118. A female newborn 15-day-old, weighing 3.25 kg with bilateral dorsal non-pitting edema of both hands and feet.

Most probable diagnosis is:

[✓ (a)] Turner syndrome
(b) Lymphatic obstruction of the lower limbs
(c) Down syndrome
(d) Cellulitis of the feet

119. To reach a definite diagnosis of the patient, which one of the following is most specific:

[✓ (a)] Karyotype
(b) Blood culture

120. Management:

[✓ (a) Referral to genetic unit]
(b) Give systemic antibiotics
(c) Referral to surgery department
(d) Give diuretics

121. Female newborn 12 hours old presents to you because of jaundice bilirubin 14 mg/dl, almost all indirect. The mother's blood group is O Rh-positive, and the infant B Rh-positive peripheral blood film shows many spherocytes.

The most probable diagnosis is:

(a) Rh incompatibility
[✓ (b) ABO incompatibility]
(c) Breast milk jaundice
(d) G6PD deficiency anemia

122. Most appropriate diagnostic test is:

(a) Osmotic fragility
(b) Anti B Abs in the mother
[✓ (c) Direct coombs test]
(d) TORCH screening

123. The most appropriate management is exchange transfusion using:

[✓ (a) Rh-positive O packed RBCs]
(b) Group B Rh-negative blood
(c) Vitamin K injection
(d) Phototherapy

Key

1.	(a)	**2.**	(e)	**3.**	(a)	**4.**	(b)	**5.**	(b)
6.	(b)	**7.**	(d)	**8.**	(b)	**9.**	(b)	**10.**	(c)
11.	(a)	**12.**	(c)	**13.**	(b)	**14.**	(d)	**15.**	(d)
16.	(e)	**17.**	(b)	**18.**	(d)	**19.**	(e)	**20.**	(d)
21.	(d)	**22.**	(d)	**23.**	(c)	**24.**	(c)	**25.**	(a)
26.	(c)	**27.**	(b)	**28.**	(d)	**29.**	(c)	**30.**	(b)
31.	(c)	**32.**	(d)	**33.**	(c)	**34.**	(a)	**35.**	(c)
36.	(c)	**37.**	(c)	**38.**	(b)	**39.**	(b)	**40.**	(a)
41.	(c)	**42.**	(b)	**43.**	(d)	**44.**	(b)	**45.**	(b)
46.	(a)	**47.**	(c)	**48.**	(a)	**49.**	(d)	**50.**	(b)
51.	(b)	**52.**	(c)	**53.**	(b)	**54.**	(a)	**55.**	(c)
56.	(d)	**57.**	(a)	**58.**	(c)	**59.**	(a)	**60.**	(b)
61.	(c)	**62.**	(c)	**63.**	(b)	**64.**	(c)	**65.**	(b)
66.	(b)	**67.**	(d)	**68.**	(c)	**69.**	(c)	**70.**	(b)
71.	(b)	**72.**	(b)	**73.**	(c)	**74.**	(b)	**75.**	(b)
76.	(c)	**77.**	(b)	**78.**	(b)	**79.**	(b)	**80.**	(d)
81.	(d)	**82.**	(c)	**83.**	(d)	**84.**	(b)	**85.**	(a)
86.	(c)	**87.**	(c)	**88.**	(b)	**89.**	(b)	**90.**	(c)
91.	(b)	**92.**	(c)	**93.**	(b)	**94.**	(b)	**95.**	(a)
96.	(d)	**97.**	(c)	**98.**	(a)	**99.**	(c)	**100.**	(c)
101.	(c)	**102.**	(b)	**103.**	(a)	**104.**	(b)	**105.**	(c)
106.	(b)	**107.**	(a)	**108.**	(a)	**109.**	(b)	**110.**	(a)
111.	(a)	**112.**	(d)	**113.**	(a)	**114.**	(a)	**115.**	(a)
116.	(a)	**117.**	(b)	**118.**	(a)	**119.**	(a)	**120.**	(a)
121.	(b)	**122.**	(c)	**123.**	(a)				